

GP News

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Welcome from the CEO



As a district health service on the urban fringe of Sydney, our relatively small community hospital provides a comprehensive range of services for an extraordinarily large catchment, about the sizes of Singapore.

So many of our outstanding doctors are committed to working in the Hawkesbury area and we are delighted to share their knowledge in our new podcast series, Healthy Hawkesbury.

Aimed at GPs as well as the broader community, our podcasts feature Hawkesbury's leading surgeons, physicians and community advocates discussing conditions relevant to this region.

A big thank-you to our Primary Health Network for helping

us to shape these podcasts so that they directly address the health concerns of our local demographic.

Along with this newsletter, we've included a community poster promoting these podcast, that we hope you may consider pinning up in your waiting rooms.

In this edition we also hear from one of our leading orthopaedic surgeons about some great advances in shoulder surgery, and from one of our gynaecological specialists about the increasingly prevalent condition of endometriosis, and new much-needed guidelines for treatment.

Strephon Billingham
CEO, SJOG Hawkesbury

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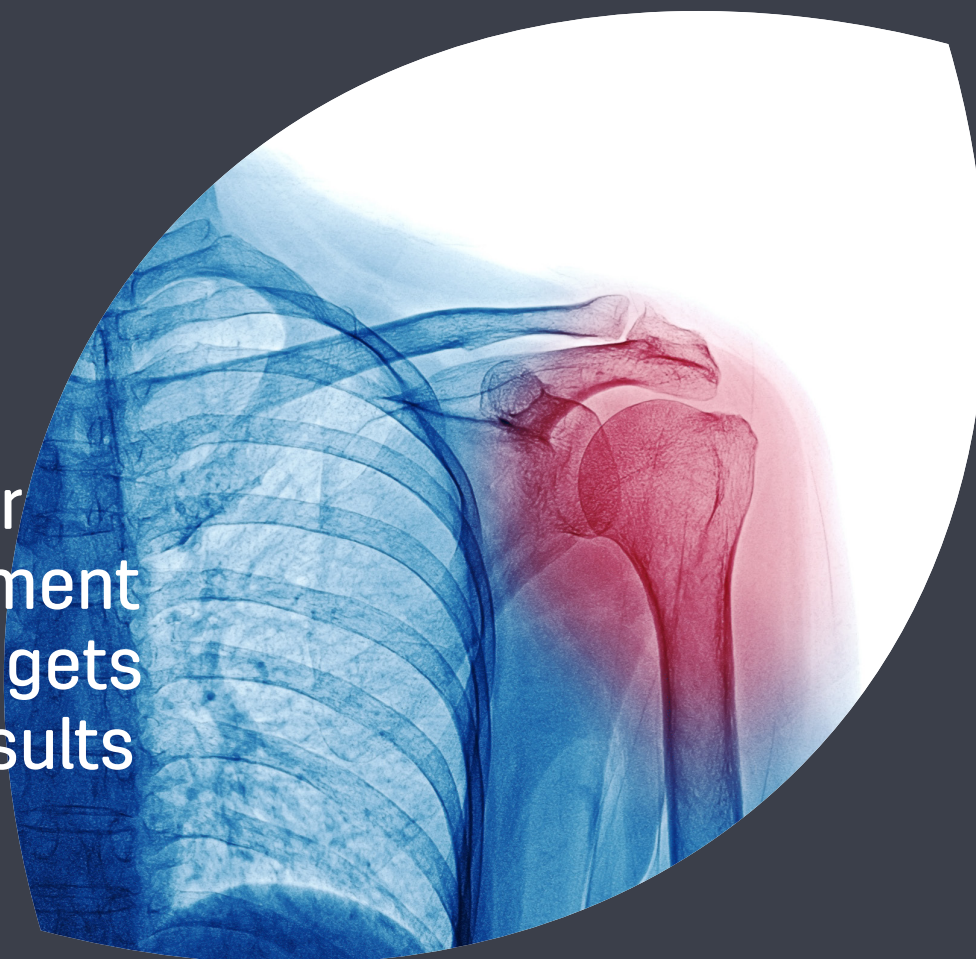


**Hawkesbury District
Health Service**



Shoulder replacement has improved remarkably over the past 20 years, and GPs can be confident in referring suitable patients to shoulder surgeons for review, says orthopaedic surgeon Dr Haren Nandapalan.

Shoulder replacement surgery gets good results





Shoulder replacement surgery is still less common than hip and knee replacement procedures, two decades of evidence document its rapid improvement over recent years and current good outcomes.

“It’s true that shoulder replacements have been 20 to 30 years behind the curve of hip and knee replacements,” said Dr Haren Nandapalan, upper limb surgeon who specialises in arthroscopic, reconstructive and arthroplasty surgery for sports and degenerative conditions.

“However, we are now getting into stride and seeing robust surgeries with outstanding results. Today, the outcomes are comparable to hip and knee joint replacements.

“GPs have, understandably, been more hesitant to refer patients for shoulder replacement surgery than for hip and knee joint replacements, but in certain patients, GPs should be confident in referring them.”

There are broad indications for shoulder surgery – broader than with other joints – including arthritis, irreparable rotator cuff tears and fractures. Managing milder conditions non-operatively is ideal but when weakness or pain endures for years and becomes increasingly debilitating, then surgery is a good option.

Recent developments have seen prostheses that are more bone sparing and materials that are better articulated, for long-term mobility. Over the past 20 years, much has been learned about optimal positioning of implants, along with navigated surgery and the use of customised guides. Rehabilitation has also improved remarkably.

“Shoulders are more complex and not as constrained as other joints, so they are more challenging to repair,” explained Dr Nandapalan. “Their flexibility means they can get stiffer following surgery because soft tissue plays a greater role than in knee and hip surgery. Moving sooner after surgery is now advised and can reduce some of that stiffness.

“Surgical innovation for shoulder replacement is strong and, if in doubt, GPs should refer to a surgeon for review.”

Dr Nandapalan performs shoulder replacement surgery at Hawkesbury Hospital and is part of an outstanding orthopaedic team at the Hospital that includes some of the area’s leading orthopaedic surgeons and specialised post-operative care.

“Recent developments have seen prostheses that are more bone sparing and materials that are better articulated, for long-term mobility.”



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Much-needed: Guidelines for endometriosis

To address the increased prevalence of endometriosis, new guidelines for the diagnosis and management of the condition will be published this year by RANZCOG.



The Federal Government released the National Action Plan for Endometriosis in 2018 as a response to Australian data showing the increased prevalence of the condition in Australia.

About 11.4 % of women will be diagnosed with endometriosis by the age of 44. The number of Australian women affected by endometriosis is about 830,000. The 2016–17 data also showed that there were around 34,200 endometriosis-related hospitalisations in Australia.

“Not only is endometriosis a relatively common condition, but it is also going undiagnosed,” explained Dr Ralph Nader, Head of Obstetrics and Gynaecology at Hawkesbury District Health Service.

“With no national evidence-based clinical practice guidelines, the diagnosis and management of endometriosis in Australia has been inconsistent and delayed and, hence, there is an increasing need for national guidelines to manage this complex condition.”

As part of the 2018 National Action Plan, the Australian Government

established the Endometriosis Expert Working Group to help with the management of undiagnosed endometriosis. One aspect of this was RANZCOG being tasked with developing the Australian Clinical Practice Guidelines for the Diagnosis and Management Of Endometriosis.

The working party's new guidelines were published last year for consultation. The final report – Australian Clinical Practice Guidelines for the Practice and Diagnosis of Endometriosis – is due to come out this year.

“Key to the guidelines is streamlining diagnosis and management to prevent delay in diagnosis and, ultimately, improving quality of life,” said Dr Nader, who has expertise in pelvic pain and endometriosis, abnormal bleeding, hysteroscopy and endometrial ablation.

“In the past, it has taken a long time to get a diagnosis. The new guidelines will make the patient's journey smoother and ensure consistency amongst clinicians. It will deliver a significantly more unified and evidence-based approach to care at all levels.”

KEY RECOMMENDATIONS:

- The guidelines include the clear recommendation for patients with recurrent lower abdominal pain – either cyclic or non-cyclic – dyspareunia and fertility issues to be referred for an ultrasound diagnosis and pelvic exam.
- If ultrasound and pelvic exam are both normal and there is still recurrent pain, patients should be referred to a gynaecologist for consideration for diagnostic laparoscopy.
- The definitive diagnostic tool is laparoscopy performed by a gynaecologist, when diagnosis and treatment can be done at the same time. Significant improvements to laparoscopy equipment together with improved training for gynaecologists over the past 20 years makes this procedures safe and widely available.
- For complex cases, where other organs such as the bowel or bladder are involved, a multidisciplinary team is required and patients should be referred to an endometriosis unit for further expert management.

Dr Nader performs gynaecological surgical procedures at Hawkesbury Hospital, including diagnostic laparoscopy and excision of endometriosis. Complex cases are referred to Nepean, where patients are cared for by a multidisciplinary team in the endometriosis unit.

The final Australian Clinical Practice Guidelines for the Diagnosis and Management Of Endometriosis will be published this year on the RANZCOG website and GPs can find the document here: <https://ranzcog.edu.au>

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Healthy PODCAST Hawkesbury

Our new podcast – Healthy Hawkesbury – is a series of dynamic conversations hosted by local General Practitioners (GPs) and allied health professionals and featuring guests that include Hawkesbury's leading surgeons, physicians and community advocates.

We look at the unique health issues of the Hawkesbury community, with a particular focus on health challenges identified by the region's Primary Health Network. Despite its regional

setting, Hawkesbury District Health Services has a rich network of highly qualified health professionals offering outstanding services to the local community.

From insights into ailments prevalent in the Hawkesbury to the latest innovations, treatments and services – the Healthy Hawkesbury podcast helps GPs to connect the dots and patients to access excellent care close to home.



Trouble catching a breath

Thursday 11 February

Hawkesbury residents have markedly higher circulatory and chronic respiratory disease rates than those in the metro area. These diseases are known to underpin many breathing-related conditions. Breathing issues are often dismissed as a normal part of ageing, but doctors say it's wise to raise the topic with your GP. While a wide range of breathing issues are easily treatable, on occasion, symptoms might indicate a more serious illness. To understand what causes breathlessness, what it means for your health, and what you should do if you're experiencing it, local GP Dr Michael Crampton talks to two of Hawkesbury District Health Services leading specialists: respiratory physician Dr Wajid Ahmed and cardiologist Dr Grant Shalaby.



Hip pain in the Hawkesbury - Part 1

Wednesday 17 February

For a rural region such as ours, hip surgery is a strong offering, and we are home to some of the country's leading orthopaedic surgeons. Patients are known to travel from all over the country to access care here. The range of procedures undertaken at Hawkesbury Hospital includes all of the important surgical approaches, and local residents are fortunate to have ready access to a hospital that provides advanced and specialised care. In this two-part feature on hips, Tina Thew talks to two doctors at the forefront of treating common hip conditions. In the first program, Dr Michael Stening talks about the history of hip surgery innovations, the available treatments in the Hawkesbury and why he performs the 'anterior' approach to hip replacement surgery.



Prepared with GPs and the local community in mind, we hope the series is of value to anyone with an health interest in the latest health and medical news.

Please visit our website to listen now.



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Cancer care perspectives in the Hawkesbury

Wednesday 3 March

The Hawkesbury region has higher cancer rates than the New South Wales average, and these statistics appear to be on the rise. Recent projections show the Hawkesbury is set to have the highest incidence of bowel cancer and the fourth-highest incidence of melanoma in the State.

While we can't equivocally say why this is occurring, we do know what the most significant risk factors for specific cancers are. Listen to Windsor GP Dr Tony Rombola as he explores cancer care in the Hawkesbury with two local experts.

Jodie Amor, founder and spokeswoman for Pink Finns, talks about why she started this highly respected support group for women with cancer in the Hawkesbury. Cancer surgeon Dr Shadi Faraj, who specialises in both breast and thyroid surgery, offers insights into the daunting journey after a cancer diagnosis and shares the latest advances in cancer care, while Dr Tony Rombola, provides a GPs perspective on supporting Hawkesbury residents with cancer.

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Chasing a good night sleep

Wednesday 17 March

In these increasingly stressful days, sleep has never been so important.

Local GP Dr Michael Crampton talks to Hawkesbury sleep specialist Dr Donald Lee about why sleep is so elusive and what can be done about it.

The conversation is split into two parts. In the first 20mins the conversation is more community focussed, providing general advice about sleep, what a lack of sleep could be doing to your overall health as well as tips for getting a good night sleep. In the second half the conversation, the two delve into a more technical discussion for local GP's.

Dr Crampton and Dr Lee discuss the types of conversations GPs should be having with their patients, when it's best to recommend a home study versus a lab study, the accreditation process for a sleep study, reading a patient report, the newest technologies, CPAP and finally the role of GPs in ongoing care.



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Hip pain in the Hawkesbury - Part 2

Wednesday 31 March

As discussed in part one of our Hip Pain in the Hawkesbury podcast, our hospital is home to some of the country's leading orthopaedic surgeons.

In this second part of our Hip series, Tina Thew talks to Dr Michael Walsh, who discusses the presentation and diagnosis of lateral hip pain, particularly gluteal tendinopathy, which is often treated as another common condition called trochanteric bursitis. Dr Walsh shares his unique approach to hip tendon surgery, a procedure for which he is internationally recognised. In fact people travel from all over the country and indeed the world to be cared for by Dr Walsh, here at our local Hawkesbury hospital.

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Managing Chronic Pain in the Hawkesbury

Wednesday 21 April

According to Chronic Pain Australia, chronic pain is one of the world's fastest growing medical conditions and is a significant issue affecting Australians, with over 3.2 million Australians of all ages living with this invisible illness.

Chronic pain imposes a significant burden of disease on the community with 1 in 5 people reporting that they experience chronic or persistent pain.

Host local GP, Dr Rory Webb, who has a particular interest in chronic pain management discusses options for managing pain, as well as the role that self-management can play in living with pain over the long-term with Dr Michael Noel who is a Supportive and Palliative Care Physician at Nepean Blue Mountains Local Health District and physiotherapist Alex Shaw who facilitates the Hawkesbury District Health Services Pain Clinic.

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Maternity in the Hawkesbury

Wednesday 5 May

Residents of the Hawkesbury have access to a unique and comprehensive maternity service.

In this program, our Head of Obstetrics, Ralph Nader, Nurse Unit Manager of Maternity, Tracie Norman and Cheryl Feeney, Manager of Child and Family Health, discuss the journey families embark on when having their babies in the Hawkesbury, from booking in to Antenatal support, delivery and postnatal care. As well as sharing some incredible stories, they discuss the support available when things don't always go to plan. With their collective experience helping families on the maternity journey, the program will be invaluable for those considering having their babies in our region.