Adventist HealthCare

Spring 2024

San Doctor

collaborating with our GPs to provide coordinated community care

Message from Brett Goods, Chief Executive Officer

Welcome to the Spring 2024 edition of San Doctor. We are excited to be able to share with you the knowledge and expertise of a range of specialists in this newsletter.

Inside this issue, you'll find information on our Deep Brain Stimulation Service for patients with movement disorders such as Parkinson's disease. You will also read about a Centre of Excellence for left atrial appendage closure at the San and how it not only helps prevent strokes and saves the lives of patients with atrial fibrillation, but it is also instrumental in training cardiologists throughout Australia, New Zealand and Asia to do this procedure. There are also details about the advancement of ankle replacement technology which can assist in the management of arthritis.

I hope this issue provides some insights into the exciting successes that are occurring at the San.

Brett Goods, CEO

Chief Executive Officer
Adventist HealthCare Limited

References for articles are available on request.

AN ARTICLE FEATURING
Dr Jacqueline McMaster
Professor Brian Owler
Dr Natalie Palavra

Deep Brain Stimulation

PEOPLE WITH MOVEMENT DISORDERS (LIKE PARKINSON'S DISEASE) TO BENEFIT FROM DEEP BRAIN STIMULATION SERVICE AT THE SAN

In May 2024, the first deep brain stimulation procedure performed at the San saw the start of a new service providing an advanced treatment option for those living with Parkinson's disease and other movement disorders.

"The first deep brain stimulation procedure was for a patient with Parkinson's disease, and the operation went very smoothly and the patient is doing well," said Prof Brian Owler, Neurosurgeon with a special interest in cranial neurosurgical conditions and spinal disorders. "Deep brain stimulation (DBS) is a procedure that has been around for several decades and we as a team have performed more than 350 DBS procedures at other sites in Sydney. We've decided to develop the DBS service at the San because there's actually quite a large number of patients in the area with Parkinson's disease."

Dr Jacqueline McMaster, a Neurosurgeon with a special interest in movement disorders, was part of the surgical team who performed the first DBS procedure at the San. "In movement disorders like Parkinson's disease, the condition is caused when brain cells don't talk to each other properly. With DBS we're able to bypass that abnormal activity in the brain and therefore block abnormal movements."

"Many people, including doctors, aren't aware that DBS is an option for patients with movement disorders. It is important to bring this to their attention, as it can improve quality of life," added Dr McMaster.

Why deep brain stimulation is needed

Deep Brain stimulation is an effective, long-term therapy for the management of Parkinson's disease and other movement disorders. "In this procedure, electrodes are implanted into specific deep-brain structures and then routed to a pacemaker device implanted under the skin, usually in the chest," said Dr Natalie Palavra, Neurologist with a sub-specialty interest in movement disorders. "Electrical impulses stimulate specific areas in the brain, thereby targeting specific patient symptoms."

"DBS is used for several conditions including Parkinson's disease, essential tremor, dystonia and Tourette syndrome. It is most commonly used for Parkinson's disease," noted Dr Palavra.

According to Prof Owler, DBS provides benefits indefinitely and, although it is not a cure for Parkinson's disease, it can greatly improve quality of life. "The goals of DBS in Parkinson's disease are to reduce motor fluctuations (off-period symptoms and dyskinesias) or medication-resistant tremor – which it achieves in more than 90% of people."

"With Parkinson's, patients may freeze – when their medications are not effective – or their medications may have side effects like extra movements called dyskinesia. They have to take a lot of medications at very strict time points to try and smooth out the effects of the medication. DBS widens the therapeutic window and allows Parkinson's medications to work more smoothly, so people don't get those motor fluctuations in terms of freezing or dyskinesias," said Prof Owler.

"There are a lot of neurologists at the San who are very experienced with Parkinson's and movement disorders. We've got an experienced DBS team assembled, including the neurosurgeons, nurse navigator and anaesthetist. A lot of work has been done at the San and with the team in preparation for the DBS program in a combined effort with operating theatres, radiology, the ICU, the ward, staff education, and some special equipment purchases."

What can patients expect?

The main benefit of DBS is improved symptom control. "Many Parkinson's symptoms respond to DBS, with tremor being one of the most responsive symptoms," said Dr Palavra. "DBS is an effective long-term treatment for Parkinson's disease, particularly for those patients who are experiencing significant motor symptom fluctuations. Symptom control becomes more consistent and reliable."

"Importantly, DBS has been shown to improve quality of life. The benefits of DBS are persistent, with long-term data demonstrating sustained improvement in motor symptoms, quality of life and a reduction in the need for medication," added Dr Palavra.

As a neurosurgeon who does many different types of brain surgery, Prof Owler noted that DBS is probably the one patients are the happiest and most grateful for – in terms of the outcome. "It's because of the difference in their quality of life. DBS often allows them to continue to work, and do even basic things people take for granted – like eating in a restaurant, socialising without the fear their Parkinsons's meds will wear off, or dealing with side effects."

"For some people it is just a matter of being able to roll over in bed without having to wake up their partner and ask for a push, because their Parkinson's disease is not allowing them to move. All those things we take for granted, but can really make a huge difference to patients' quality of life," added Prof Owler

Patient selection and eligibility

Symptoms of Parkinson's disease result from a reduction in the ability of the brain to produced dopamine. "The mainstay of medical treatment for Parkinson's disease is dopamine replacement therapy. This is usually effective at improving symptoms for many years," said Dr Palavra. "However over time this therapy becomes less effective and motor fluctuations may emerge, such as stiffness, tremor, freezing or involuntary movements."

"Patient selection and suitability for DBS is a complex and comprehensive process and depends on individual circumstances. DBS is usually considered for patients with Parkinson's disease experiencing unpredictable motor symptom fluctuations," said Dr Palavra. "In the right patient, DBS is a highly effective and durable procedure which can significantly improve quality of life and improve motor fluctuations."

Not every person with Parkinson's is suitable for DBS, and not all patients who are eligible for DBS may choose to undergo the procedure. Prof Owler said that while DBS is not usually

Dr Jacqueline McMaster
B.Med MSc FRACS

Dr Jacqueline McMaster is an Australian born and educated neurosurgeon. She completed a Bachelor of Science degree at the University of Sydney and went on to receive her postgraduate medical degree from the University of Newcastle in 1998. Dr McMaster completed her neurosurgical training at Westmead Adults and Children's and Royal Prince Alfred Hospitals in Sydney and was awarded the Fellowship of the Royal Australasian College of Surgeons (FRACS) in Neurosurgery in 2008.

Dr McMaster has advanced fellowship training in stereotactic and functional neurosurgery, obtained from the University of British Columbia in Canada. Following the completion of her Fellowship in Canada, Dr McMaster returned to Australia to take up a position as a consultant neurosurgeon at Westmead Hospital. She offers treatment in a wide variety of neurosurgical disorders, both cranial and spinal with a special interest in movement disorders.

Dr McMaster is a fellow of the Royal Australasian College of Surgeons, the Neurosurgical Society of Australasia, the Asian-Australasian Society for Stereotactic and Functional Neurosurgery and the World Society for Stereotactic and Functional Neurosurgery.

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offered to patients over 80 years old, each case is considered on an individual bases. “And some patients remain well controlled on their medication and don’t need DBS.”

Prof Owler said timing of the DBS procedure is important. “You don’t want to do it when medications are still being very effective. But when people find medications are starting to lose effectiveness, and particularly struggling with motor fluctuations, that’s the time when they should really be assessed for DBS. You don’t want to do it too late in the process. Unfortunately some people develop PD at a young age, sometimes in their 40s and 50s. And there is some evidence that those patients may benefit from having DBS at a relatively early stage – rather than waiting until it is really debilitating.”

Dr McMaster said it is important to note that DBS is not just for patients with really severe Parkinson’s. “DBS is not a ‘last resort, end-stage’ type of treatment. These days – particularly with younger patients with Parkinson’s – DBS can make a big difference, as they may still have young families, or they might want to stay working. Part of the reason for doing DBS is because it makes such a big difference to their quality of life. Patients are so happy they can go back to enjoying doing things with their kids or go back to work, or lead a more ‘normal’ life, whereas before they’d been quite restricted because the disease or the medication side effects stop them.”

Pre-op testing and post-op monitoring

When a patient is referred for DBS, they undergo a number of investigations and reviews to ensure the procedure is appropriate for them specifically. These include consultations with a neurologist, neurosurgeon, psychiatrist, movement-disorder nurse and a cognitive assessment. Brain imaging is also arranged, as well as testing to assess levodopa responsiveness.

“GPs and specialists are encouraged to simply refer to the DBS service, and these subsequent consultations and investigations will be arranged by the team,” said Dr Palavra.

Following the initial hospital stay for the surgery, the patient will be followed up at regular intervals in the clinic as the device is adjusted to address specific symptoms and improve overall motor symptom control.

Ongoing developments in the field of DBS

While DBS is not a cure, it can be a very effective way of managing symptoms. “DBS provides flexibility in that as the condition progresses, you can make modifications along the way,” said Dr McMaster. “We can change stimulation parameters on the device so that as their condition gets worse, you can make modifications to the stimulator by adjusting it via telemetry to manage changes in symptoms. No surgery is required for these adjustments.”

Continued developments in battery technology in the DBS devices is also beneficial for patients. “The new rechargeable batteries have a longer battery lifespan – the current rechargeable battery has a 15-year life span,” said Dr McMaster. “This means less operations for the patients. There is also technology built into the newer batteries which allows what they call ‘sensing’, so we can pull information off the battery

Professor Brian Owler

MBBS BSc(Med)(Hons) PhD FRACS

Clinical Prof Brian Owler is an Australian trained Neurosurgeon and offers a comprehensive neurosurgical service covering both paediatric and adult conditions. He is trained in both cranial neurosurgical conditions as well as spinal disorders. Prof Owler holds the position of Associate Professor of Neurosurgery, Discipline of Paediatrics and Child Health, Children’s Hospital at Westmead Clinical School, University of Sydney. Prof Owler’s special interests include tumours of the brain and spine, complex spinal disorders such as basilar invagination, hydrocephalus and pseudotumor cerebri. He is involved in several clinical studies including those on the topic of normal pressure hydrocephalus and deep brain stimulation surgery for the treatment of cerebral palsy.

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Dr Natalie Palavra

Dr Palavra is a Consultant Neurologist, Visiting Medical Officer at the Sydney Adventist Hospital and a Visiting Medical Officer at North Shore Private Hospital. She completed her medical qualifications at the University of New South Wales, graduating in 2013 with distinction. She then completed clinical and research electives in Movement Disorders at the National Hospital for Neurology and Neurosurgery, Queen Square, London and Mount Sinai School Of Medicine, New York.

Dr Palavra is a Fellow of the Royal Australasian College of Physicians and member of the Australian and New Zealand Association of Neurologists. She completed physician training followed by specialty training in Neurology at Royal North Shore Hospital and Sydney Adventist Hospital.

In addition to general Neurology, Dr Palavra has sub-specialty interests in Movement Disorders, particularly Parkinson’s Disease and Deep Brain Stimulation. She completed a fellowship in Movement Disorders and Neurogenetics, as the recipient of the Nick Blair Fellowship in 2021. Her fellowship encompassed training in medical and surgical therapies for Movement Disorders, including device assisted therapies for the management of Parkinson’s Disease. Dr Palavra also has a keen interest in headache and migraine, is a member of The Australia and New Zealand Headache Society, and member of the Migraine Education Committee.

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San Radiology & Nuclear Medicine

Comprehensive Breast Care Service

OUR SERVICES

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Stay proactive with breast health through our state-of-the-art mammography service which includes **density measurement** and **2D & 3D assessment**. We are a leading site in **contrast enhanced mammography.**

Ultrasound

We provide detailed breast ultrasound and quick results, along with **fast tracked ultrasound-guided procedures,** often on the same day. This facilitates timely diagnosis and treatment.

ABOUT US

San Radiology & Nuclear Medicine’s comprehensive breast care service provides exceptional diagnostic imaging and personalised care.

Our multidisciplinary team ensures accurate, early detection and expedited, timely treatment. Trust us for unparalleled clarity and confidence in your breast health journey. We accept all referrals for breast imaging from GPs and Specialists. Contact us to arrange personalised breast imaging referral pads.

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Lymphoscintigraphy

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Breast imaging guidance for surgery enhances precision by accurately locating tumors, improving surgical outcomes, and reducing the need for repeat procedures, ensuring optimal patient care. San Radiology offers both standard **hookwire** and **wire free** technology.

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Our Breast Radiologists are highly skilled in all aspects of diagnostic and interventional Breast Radiology.

Radiographers

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ABOUT OUR TEAM

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AN ARTICLE FEATURING **Dr Dennis Wang & Dr Jason Sharp**

San Centre of Excellence for the closure of left atrial appendage

A Centre of Excellence for left atrial appendage closure at the San not only helps prevent strokes and saves the lives of patients with atrial fibrillation, it is also instrumental in training cardiologists throughout Australia, New Zealand and Asia to do this procedure.

Cardiologists Dr Dennis Wang and Dr Jason Sharp established the Centre of Excellence at the San after performing left atrial appendage closure (LAAC) procedures for more than a decade. After initial disruption setting up the Centre of Excellence due to Covid, Dr Wang and Dr Sharp have together trained and certified 40 cardiologists to perform LAAC procedures.

"We've been performing left atrial appendage closure procedures – via the minimally invasive approach – at the San for about 12-13 years now," said Dr Dennis Wang, consultant cardiologist sub-specialising in interventional cardiology, structural heart disease and diagnostic cardiac imaging. "We were one of the first centres to do this, and we still do the largest number of LAAC procedures in a year."

Why left atrial appendage closure may be needed

The left atrial appendage is a small pouch that protrudes from the left atrium. "The left atrial appendage is known to be important for the heart to develop normally in-utero, but it doesn't serve any real purpose in the adult heart," noted Dr Jason Sharp, the director of the Cardiac Catheterisation Laboratories at the San, and consultant cardiologist with expertise in interventional cardiology and structural heart disease.

When patients have AF, blood can collect in the LAA and clots form – hence the risk of stroke. "Atrial fibrillation (AF) is a leading cause of stroke, and the main mechanism for that is thrombus in the left atrial appendage," added Dr Wang.

According to the Australian Institute of Health and Welfare, AF contributed to 16,300 deaths in 2021. Strokes associated with AF are more severe, with a risk of death twice that of other stroke causes.

The Cleveland Clinic in the USA states that 90% of strokes that originate in the heart's upper chambers start in the left atrial appendage.

"Thrombus in the LAA is the main mechanism for people having a stroke. Therefore a procedure to close the LAA helps minimise risk of stroke significantly, for people with AF," said Dr Wang.

Anticoagulation therapy is often used to prevent stroke in people with AF. Left atrial appendage closure is an option for those who have:

- High risk of stroke
- High risk of bleeding
- Intolerance to anticoagulants
- Contraindications for anticoagulation

The LAA closure procedure

Many people still think that the left atrial appendage closure is an open-heart procedure. "While LAAC is sometimes performed using a surgical approach, this is only when the patient already needs to undergo open-heart surgery for another reason," noted Dr Wang. "Otherwise the predominant approach for LAAC is the minimally invasive approach."

Pre-operatively the patient undergoes a CT scan to assess heart structure and the size of the LAA, to aid in the selection of the right type and size of the LAA closure device. A number of LAA closure devices have been approved for use in Australia and are now eligible for funding from Medicare and health funds.

"The LAAC procedure is done in the cardiac catheter lab under general anaesthetic, using a minimally-invasive approach via the femoral vein," said Dr Wang. Patients have an intra-operative trans-oesophageal echo to guide the procedure, and to check the closure device is correctly positioned and that there are no leaks.

"The risk of leakage from the LAA closure devices has lowered significantly with the evolution of the devices, and research shows that full closure is achieved in approximately 95% of cases," noted Dr Wang.

The average procedure length is about half an hour, and the average length of stay in hospital following LAAC is one night.

"Patients will generally have low-dose aspirin post-operatively for three months," said Dr Sharp. "After that period, the need for ongoing low-dose aspirin will be assessed by the cardiologist according to each patient's individual needs."

LAAC Centre of Excellence

After being taught to do minimally-invasive LAAC procedures many years ago by a skilled and respected cardiologist from the USA, Dr Wang and Dr Sharp wanted to 'pay it forward' for their colleagues. After informally teaching other cardiologists to do the LAA closure procedure for a number of years, they established a formal training program – the LAAC Centre of Excellence at the San – four years ago, to train cardiologists from Australia, New Zealand and Asia Pacific.

"We first run a series of lectures for these doctors, and then they observe us doing a certain number of cases as we teach them through observation," said Dr Wang. "Then the cardiologists undergo a proctorship where – before they start doing the procedure themselves – we will go to their hospital and literally stand next to them and teach them. After they've done a certain number of LAAC procedures and are proficient, we certify them to do the procedure themselves."

Both Dr Wang and Dr Sharp are passionate about passing on their skills and knowledge gained over the past 13 years of doing LAAC procedures themselves. "We see the value of this procedure for the patients we treat ourselves, and we feel it's our responsibility to pass this same knowledge to other cardiologists, so they can get a good result for their own patients," said Dr Sharp.

Dr Wang is also in the process of setting up a research trial for the LAAC procedure, to gain further knowledge about managing patients post-operatively. "The trial is in the early phase of being developed, but we are very committed to getting the best outcomes for our patients, and training others as well."

Dr Dennis Wang

MBBS, BSc (Med), MPH (Syd), FRACP

Dr Wang is a consultant cardiologist and co-principal of Specialist Cardiology. He sub-specialises in interventional cardiology, structural heart disease and diagnostic cardiac imaging.

Dr Wang completed his medical degree at the University of NSW and undertook his physician training at Royal North Shore Hospital, cardiology training at Gosford Hospital before returning to Royal North Shore hospital to complete his interventional fellowship. He is a fellow of the Royal Australasian College of Physicians. Dr Wang has also completed a Masters of Public Health at Sydney University.

Dr Wang performs complex coronary intervention including coronary angiography, angioplasty, stenting and rotational atherectomy. He was the first cardiologist in his centre to adopt radial access for all his complex coronary procedures. Dr Wang has extensive experience in performing structural heart procedures, including TAVI and Mitraclip. He is currently a proctor for the Medtronic Evolut TAVI valve system.

Dr Wang performs PFO, ASD and left atrial appendage closures with both the Watchman and Amulet devices. He is a proctor for both the Watchman and Amulet left atrial appendage closure devices. He has presented internationally and performed live case demonstrations for the Watchman device in China, Taiwan and Australia. Dr Wang also performs, echo, exercise stress echo, dobutamine stress echo, loop recorder insertion, transoesophageal echo, Holter monitors, 24 hour blood pressure monitors and pacemaker interrogations.

Dr Wang is a clinical tutor for medical undergraduates for the University of Sydney. He has been a part of the Open Heart International volunteer program to help train cardiologists in Myanmar (Burma). He regularly attends international cardiac meetings and has been on many Medical Advisory Boards for various cardiac technologies.

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Dr Jason Sharp

MBBS, FRACP, FCSANZ

Dr Sharp is a consultant cardiologist with expertise in interventional cardiology and structural heart disease.

Dr Sharp is Clinical Directo of the Cardiac Catheterisation Laboratories at Sydney Adventist Hospital and co-principal of Specialist Cardiology. He trained at the University of Sydney in medicine and surgery. He subsequently completed physicians training specialising in cardiology at Royal North Shore Hospital. He undertook an Interventional Cardiology fellowship at St Vincent's Hospital, Sydney. He is a fellow of the Royal Australasian College of Physicians and a fellow of the Cardiac Society of Australia and New Zealand.

Dr Sharp has particular interests in complex coronary intervention including coronary angiography, angioplasty and stenting as well as Rotablator rotational atherectomy. He has extensive experience in structural heart procedures including atrial septal defect closure, patent foramen ovale closure, left atrial appendage occlusion with the Watchman and Amulet devices, aortic valve procedures including TAVI (keyhole aortic valve replacement), mitral valve edge-to-edge repair (Mitraclip) and tricuspid valve repair (Triclip). He performs pacemaker interrogation and follow-up including home remote pacemaker monitoring as well as implantation of cardiac loop recorders. He performs cardiac ultrasound including transoesophageal and resting and stress transthoracic echocardiography.

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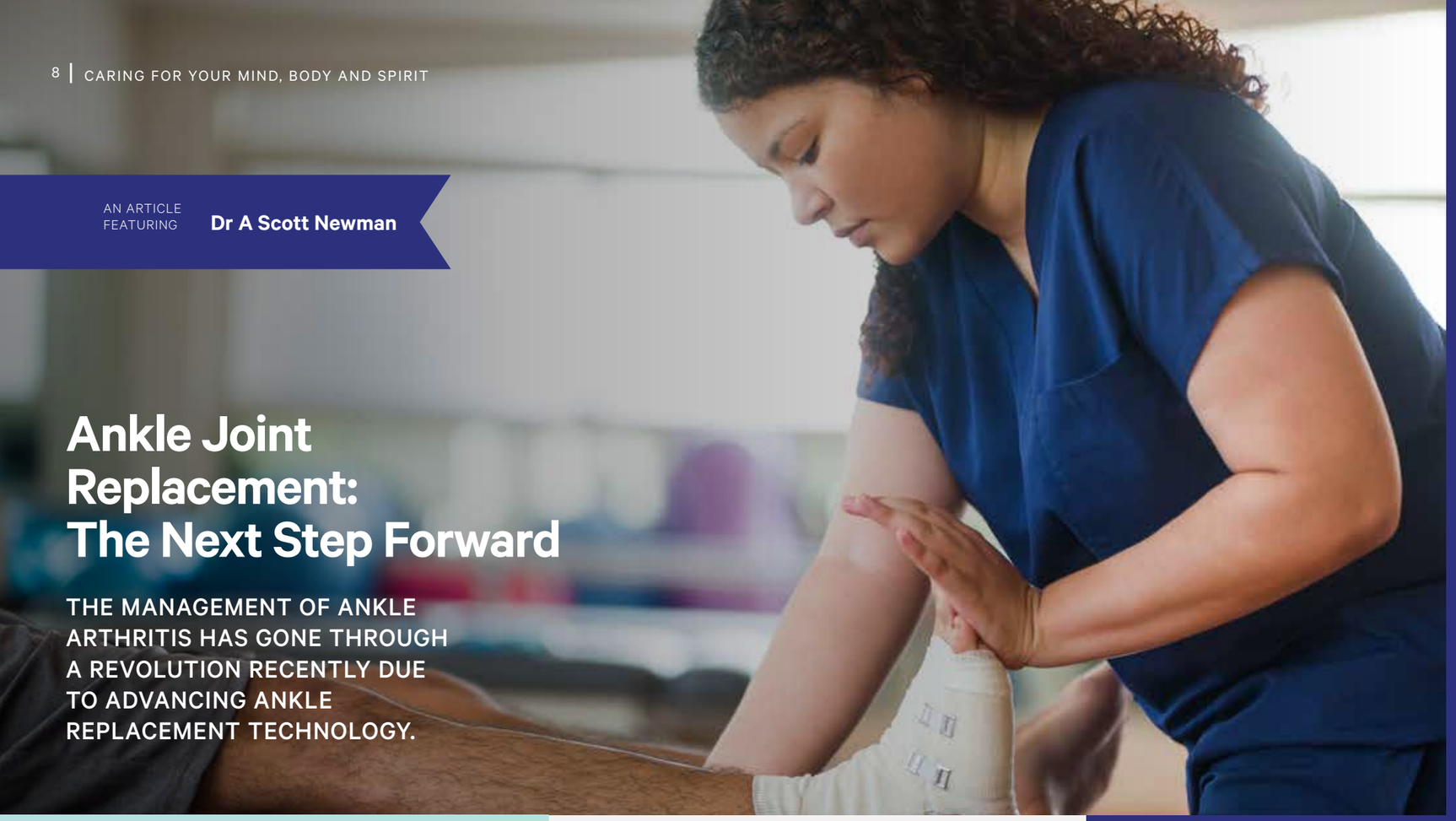

AN ARTICLE FEATURING **Dr A Scott Newman**

Ankle Joint Replacement: The Next Step Forward

THE MANAGEMENT OF ANKLE ARTHRITIS HAS GONE THROUGH A REVOLUTION RECENTLY DUE TO ADVANCING ANKLE REPLACEMENT TECHNOLOGY.

In years gone by, patients with painful and disabling ankle arthritis were typically surgically managed with an arthrodesis, producing stiffness, a gait disturbance and often the need for later surgery to address resultant arthritis in adjacent joints .

A proportion of patients qualified for a replacement due to their older age and relatively sedentary lifestyles, and many were ruled out on the basis of complex deformity. The results associated with early generation implant systems were unpredictable!

The new generation of ankle replacements, with superior design features and customised navigation, producing greater operative precision, has meant that arthroplasty is now the procedure of choice for the majority of middle-aged to older patients! Gone are the days of wearing a cast and non-weight-bearing for 10 weeks, waiting for an ankle fusion to unite, and then rehabilitating for another 10 weeks to undo all the deconditioning that the downtime has caused.

Ankle replacement surgery generally allows for weight-bearing and range-of-motion exercises to begin after just two weeks! Most patients can walk unaided within three to four post-operative weeks! Like any bone or joint operation, it can take 3 months to fully recover but function during this period is now so much better than it used to be.

When more than one hindfoot joint in addition to the ankle is affected by osteoarthritis, replacement rather than fusion is particularly relevant, as it prevents the otherwise dramatic stiffness that a multi-joint arthrodesis would cause.

Pre-op ankle lateral

Pre-operatively, patients undergo a high-resolution CT evaluation of the affected ankle and extremity, allowing for the creation of a detailed operative plan, focusing on precise implant sizing and alignment in three dimensions. Customised bone cutting guides are then generated to ensure intra-operative accuracy. When a patient with a previously fused ankle develops secondary arthritis in their subtalar joint, the only surgical option to address this is an arthrodesis, but the sophistication of the planning process now allows for the conversion of the fusion to an arthroplasty. Restoration of ankle motion can then allow a patient to return to a normal gait pattern!

Complex deformity is no longer a barrier to an ankle replacement, as it is now possible to pursue supplementary, concurrent procedures such as osteotomies, tendon transfers and contracture releases to balance the ankle and foot. While most of these can be completed at the same time as the arthroplasty, with more severe deformity a reconstruction may require a two-stage approach.

Of course, not everyone with an arthritic ankle is a candidate for a replacement, and as with knee and hip arthroplasty, the procedure is not designed for the young, or for those with previous infections, and poor local skin quality. Relative contraindications include cigarette smoking, steroid usage and diabetic neuropathy. As with all operations, the relative merits of ankle replacement in any individual need to be carefully weighed up against any perceived negatives.

Post-op lateral ankle

Post-op AP ankle

Dr A Scott Newman
MBBS (NSW), FRACS (Orth), FAOA

Dr Newman has been providing a quality Foot and Ankle Surgical service for patients in Sydney's north and north-west for 24 years. He graduated from the University of New South Wales in 1985 and in 1999, he completed his training on the Sydney Orthopaedic Training Program. In 2000, Dr Newman became a Fellow of the Royal Australasian College of Surgeons and completed his fellowship in Surgery of the Foot and Ankle at Harborview Medical Centre, Seattle, USA, one of the world's most prestigious and sought-after fellowships of its type.

Dr Newman is a member of the American and Australian Orthopaedic Foot and Ankle Societies, and a fellow of the Australian Orthopaedic Association. He has publications in international orthopaedic scientific journals and regular involvement in the training of orthopaedic surgeons and other junior medical officers.

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Sydney Adventist Hospital named among nation's best for stroke care

THE SAN HAS BEEN RECOGNISED FOR ITS HIGH STANDARD OF STROKE CARE, JOINING A LIST OF ONLY 19 AUSTRALIAN HOSPITALS THAT HAVE RECEIVED OFFICIAL STROKE UNIT CERTIFICATION FROM THE AUSTRALIAN STROKE COALITION (ASC).

The ASC Stroke Unit Certification Program encourages hospitals to meet a set of national criteria to deliver the best possible stroke care to patients. This includes caring for all stroke patients on a single dedicated ward, providing specialist staffing, regular training, data monitoring and improvement, and patient involvement in decision making.

"Treatment on a dedicated stroke unit is proven to make the biggest overall difference of any intervention to patient outcomes following stroke, reducing the risks of both death and disability. Both Australian and international evidence suggests that rigorous stroke centre certification programs improve the quality of stroke care and patient outcomes" said Kelvin Hill, Stroke Foundation National Manager, Stroke Treatment.

"The San's extensive team of neurologists, neurology registrars, neurosurgery registrars, neurophysiology technicians, neuropsychologists and neurosurgeons are one of the largest neurological and neurosurgical teams of any private hospital in NSW.

Additionally, our Stroke CNC, nursing and allied health professionals play pivotal roles in the stroke care we provide by following standardised stroke clinical pathways to ensure patients receive timely treatment. The San is blessed to have a dedicated health care team who are instrumental in providing time-critical care enhancing outcomes for patients in their moments of greatest need," said Brett Goods, Adventist HealthCare CEO.

"We are delighted by this acknowledgement of the excellent quality of care our team provide for stroke patients."

San Updates

Newly Accredited Specialists

Sydney Adventist Hospital has several newly accredited specialists, to find out more about them scan the QR code.

Upcoming GP Events

Are you interested in attending our GP events in 2024?

Scan the QR code to keep up to date for details on what is coming up this year.

San based researcher interviewed on Channel 9 about breast cancer

An increase in more cases of advanced breast cancer since before the pandemic has been linked to breast screening service shutdowns during COVID-19, a new study from The Australian National University (ANU) shows.

Researchers from the ANU Clinical School based at Sydney Adventist Hospital (the San) studied patients with breast cancer diagnosed between July 2019 and June 2022. The patients were categorised into pre-pandemic, pandemic and post-pandemic groups.

According to the study's findings, women faced two major challenges during the pandemic. First, many were frightened to attend general practitioner and hospital appointments for fear of catching COVID. Second, the national BreastScreen Australia program was closed during 2020 and 2021 for a total of six months.

Lead author, Professor John Boyages AM, from ICON Cancer Centre at Sydney Adventist Hospital (the San) spoke to Channel 9 Presenter Davina Smith about the study's findings.

Scan to watch the full segment.

ACT-Sydney MS Cohort Study Project Update

People living with multiple sclerosis (MS) in the Sydney region have the opportunity to shape the way MS is treated and monitored in the future through the ACT-Sydney MS Cohort Study (forming part of the ANU Our Health in Our Hands (OHIOH) initiative). By collecting data over time from people with MS and people without MS, the study aims to compare the two groups to answer questions about health and wellbeing, and the influence of MS on how this changes over time. The study also aims to identify blood biomarkers which may help monitor or predict disease activity and responses to treatment.

Through the partnership between the Australian National University and Sydney Adventist Hospital, an inaugural study clinic was held at the San late last year. This is the sister site to the MS Cohort Study research project at ANU in Canberra, with Sydney 2024 participant clinic dates now set.

The Sydney MS Cohort Study research team is recruiting people living with MS as well as those who have never been diagnosed with MS to take part in the research.

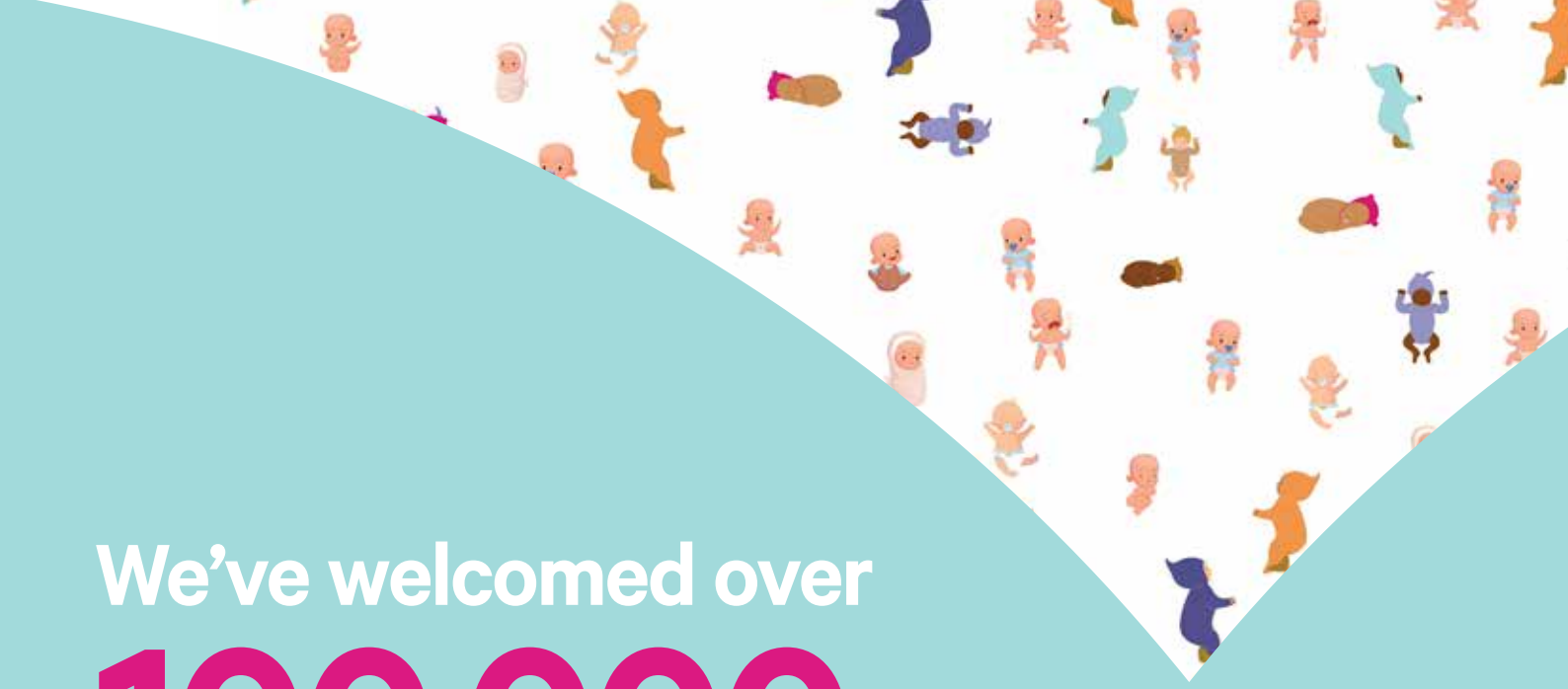
If you believe one of your patients may fit these criteria and they would like to be involved in our MS cohort study, please get in touch via the link.

For more information contact - **SANMS@anu.edu.au**

Or visit:

https://nceph.anu.edu.au/research/projects/act-ms-cohort-study

We've welcomed over 100,000 new humans into our world



San Maternity has been delivering babies for over 120 years!

Each year, San Maternity welcomes around 1,700 new babies into the world and we want every one of them to experience the very best start in life – and our exceptional facilities, services and care, help to make this possible. With over a century of knowledge, we understand what mums and bubs need during this amazing, but often intense, time. Our team of doctors, midwives, mothercraft nurses, lactation specialists, physiotherapists and other health professionals are all here to ensure we provide world-class care, from conception to birth and beyond. At San Maternity, it's all about your complete birth experience.

sah.org.au

Sydney Adventist Hospital