Peninsula Health Research Week 2006
ABSTRACT BOOKLET

Poster Display

Registrar Research Prize

Allied Health Research Prize

Nursing Research Prize

Saturday, 11th November 2006 – Friday, 17th November 2006
EARLY FEEDING AFTER COLORECTAL SURGERY

Lisa Schneider, Ashley Webb, Eric Torey
Departments of Nutrition and Dietetics, Anaesthetics and Surgery

Introduction
Fasting patients for long periods of time in the post-operative period after gastrointestinal surgery is common practice among surgeons (1). Post-operative starvation leads to further weight loss and malnutrition, which increases the occurrence of infection, poor wound healing after surgery, loss of mobility and fatigue (2). There is widespread evidence that early feeding after colorectal surgery is safe and beneficial, and should be multi-disciplinary, involving anaesthetics and physiotherapy, as well as nutrition. (3,4). The aim of this project is to examine the hypothesis that early feeding in patients after colorectal surgery in combination with currently used analgesia and early mobilisation will result in earlier hospital discharge and improved nutritional intake.

Study Design
Ten patients undergoing colorectal surgery at Peninsula health were asked to participate in the project. Five patients received a nasojejunal tube in theatre for jejunal feeding within 24 hours of their procedure (enteral group), and five patients received clear fluids from 4h post-operatively and full ward diet from post-operative day one (oral group). A protocol of strict antiemetics, reduced opioid analgesia and early mobilisation was also followed.

Main Outcome Measure
Length of stay, weight, estimated daily nutritional intake, nausea and vomiting, time to flatus and first bowel motion, infection and unexpected ICU admission or death.

Results
Seven patients completed the trial (two failed nasojejunal insertions and one was a complicated surgery leading to nasogastric tube placement for gastric decompression and a failure to commence oral diet within 24h), with no adverse effects observed. Average length of stay was lower in the oral group compared to the enteral group (5.5 days and 10.7 days respectively), and bowel motions occurred 2.7 days earlier in the oral group compared to the enteral group. Patients in the oral group consumed greater than 75% of their estimated energy and protein requirements by the fourth postoperative day (compared to day 5 in the enteral group). Rates of infection, nausea and vomiting and weight were not affected by the project.

Conclusion
Early feeding after colorectal surgery was shown to be safe and effective at promoting adequate oral intake and early hospital discharge, without causing any adverse effects. In addition, early oral feeding substantially reduced LOS by an average of 4.3 days compared with the state average of 9.8 days (5).

References

ROLE OF HELICAL CT 3D RECONSTRUCTION OF RENAL VESSELS IN TRANSERITONEAL LAPAROSCOPIC NEPHRECTOMY

Alwin F Tan†, Richard YY Chen‡

†Consultant General & laparoscopic Urologist, Alfred, Bays, Beleura, Peninsula and Frankston Hospital, Urology, Mornington, Australia

‡Surgical resident, Frankston Hospital, Urology, Frankston, Australia

Purpose
To prospectively evaluate the accuracy of helical 3D CT in predicting the renal vasculature in terms of number of renal arteries and veins and the spatial relationship in a series 46 patients undergoing laparoscopic nephrectomy and to evaluate the potential benefits of this imaging modality peri operatively.

Material and Methods
46 consecutive patients undergoing laparoscopic nephrectomy by one surgeon were assessed preoperatively with helical 3D CT to predict the number of renal arteries and veins and their spatial relationship. Preoperative CT data were then correlated to intraoperative findings to evaluate the accuracy this imaging modality. Also, perioperative were recorded and compared to an earlier series of 26 patients who underwent laparoscopic nephrectomy by the same surgeon without preoperative 3D CT with an aim to establish the potential benefits of this preoperative imaging modality.

Results
Helical 3D CT accurately predicted the location and anatomical relationship of renal vessels in all 46 patients. However, it predicted accurately the number of arteries and veins in 91% and 84% respectively. Comparing to the earlier series, patients underwent preoperative assessment with 3D CT had reduced hilar dissection time by 20min, overall operative time by 75min and blood loss. And there was no conversion in all 46 patients.

Conclusions
Helical 3D CT accurately identifies renal vascular anatomy in a manner that may facilitate renal hilar dissection during laparoscopic nephrectomy, especially during the initial surgeon experience. This imaging modality integrates essential information from angiography, venography and excretory urography into one single study.
A REVIEW OF LARGE DEEP LIPOMATOUS TUMOURS

Jonathan W Serpell, Richard YY Chen
Breast and Endocrine Surgery Unit, Frankston Hospital

Background
Lipomatous tumours comprise a spectrum of diagnosis. Controversies exist about the histopathological diagnosis, nomenclature, diagnostic method, surgical management, roles of radiotherapy, and the risk of metastasis, local recurrence and dedifferentiation. This study described our experience with such tumours.

Methods
Retrospective review of 224 soft tissue tumours from Senior Author's database identified 28 patients with deep lipomatous tumours. Clinical features and outcomes were studied with median follow-up of 1.5 year.

Results
11 deep lipomas, 6 deep atypical lipomas, 4 well-differentiated (lipoma-like) liposarcomas, 3 well differentiated liposarcoma and 4 liposarcomas were studied. Preoperative diagnosis was established by image-guided core biopsy in 20 patients, excisional biopsy in 6, incisional biopsy in 1 and fine needle aspiration in 1. All patients diagnosed with deep lipoma and deep atypical lipoma underwent marginal excision. Median size of excised tumour was 11 cm. Recurrence occurred in 3 deep atypical lipomas and 1 liposarcomas. Dedifferentiation occurred in one deep atypical lipoma which transformed into liposarcoma. None had metastasis or died of metastatic malignancy.

Conclusions
Large deep lipomatous tumours are uncommon and whilst they do not tend to metastasize, not infrequently recur locally. Hence their local treatment to prevent local recurrence is important. Key aspects in achieving a complete, but marginal resection of the deep atypical lipoma and well-differentiated lipoma-like liposarcoma is accurate preoperative diagnosis with core biopsy and accurate imaging to assess deep unsuspected extensions of tumour.

Key Words
Atypical lipomatous tumour well differentiated liposarcoma, dedifferentiation, recurrence, soft tissue sarcoma, atypical deep lipoma.
ASSESSING AND REPORTING DECISION-MAKING CAPACITY FOR THE GUARDIANSHIP LIST: GUIDELINES FOR NEUROPSYCHOLOGISTS.

L Delaney (Peninsula Health), B Hoysted (Office of the Public Advocate), M Jackson (Latrobe University), E Mullaly (Caulfield General Medical Centre), D Stokes (Australian Psychological Society), L Vowels (Consultant Neuropsychologist), & F Wright (Office of the Public Advocate)

In late 2005, representatives of the Office of the Public Advocate (OPA) in Victoria convened a group of neuropsychologists with experience of assessing decision-making capacity. The aim of the group was to prepare guidelines on the preparation of neuropsychological reports for the Guardianship List of the Victorian Civil and Administrative Tribunal (VCAT) and OPA. The group, consisting of the authors of this paper, met over a period of twelve months. Key aspects of the relevant Victorian legislation and VCAT processes that influence the role of neuropsychologists as expert witnesses at VCAT were examined. General guidelines for the preparation of neuropsychological reports for VCAT were then established. While this project relates specifically to neuropsychologists, the issues and recommendations are likely to be of general interest to all clinicians.
PRIMARY HEALTH: A NEW BEGINNING

Chrstine Taplin, Project Nurse, SHARPS

A 12 month project nurse position was set up and located at Peninsula Health’s Southern HIV/AIDS Resource and Prevention Service (SHARPS) Needle Syringe Program (NSP) funded through the Hospital Admission Risk Program (HARP) Chronic Disease Management (CDM) as part of the Complex Care Program. The aim of the project is to enhance the service for Injecting Drug Users (IDU’s) safely accessing and returning needles and syringes.

The project objective is to improve access for SHARPS clients to healthcare services that are either not currently available or available but not being utilised by them.

Apart from injecting related problems injecting drug users suffer from a range of other problems associated with their street based lifestyle. By engaging with this group of clients, the RN was able to achieve objectives and document outcomes in the following areas:

- Clinical service delivery
- Care Coordination
- Health Promotion
- Partnership
- Research
A SURVEY ON PATIENT SAFETY CULTURE IN STAFF WORKING WITH ELDERLY PATIENT POPULATIONS WITHIN AN AUSTRALIAN REGIONAL HEALTH SERVICE

C King¹, J Wood², J Phipps-Nelson¹ and JE Ibrahim¹

¹Peninsula Health
²Wood Consulting

The Hospital Survey on Patient Safety Culture suggests meaningful differences in safety culture among Australian staff working with elderly patients

Introduction
The Hospital Survey on Patient Safety Culture Survey developed by the US Agency for Healthcare Research and Quality (AHRQ) was used to survey attitudes, beliefs and behaviour patterns relating to patient safety, medical errors and the reporting of adverse events among staff working primarily with older patients in an Australian regional health service. Results were compared across sites within the service and with USA hospital benchmarks established by the AHRQ.

The Hospital Survey on Patient Safety Culture is designed to measure four patient safety outcomes:
1. Overall perceptions of safety
2. Frequency of events reported
3. Number of events reported
4. Overall patient safety grade

It also examines ten dimensions of culture pertaining to patient safety, including:
(a) Supervisor expectations & actions promoting patient safety,
(b) Organisational learning & continuous improvement,
(c) Teamwork within units and
(d) Non-punitive response to error.

Methods
The Hospital Survey on Patient Safety Culture was distributed to a sample of 571 staff across the Health Service in regional Victoria. Participants were staff working with older patient groups in acute, sub-acute and residential care settings.

Results
The response rate was 43% with responses from sub-acute 54%, residential aged care 25%, and acute 19%.
Overall, an area of strength identified was Organisational Learning and Continuous Improvement, (74% positive). Internally, acute and sub-acute areas significantly differed in two areas: Organisational Learning and Continuous Improvement (acute 83.3%: sub-acute 72.5%, p<.01), and; Non-punitive Responses to Error (acute 34.7%: sub-acute 44.2%, p<.05).

The Health Service (HS) performed higher than the AHRQ benchmark on Hospital Management Support for Patient Safety (AHRQ60%: HS67%), was lower for Hospital Handovers & Transfers (AHRQ45%: HS33%), Staffing (AHRQ 50%: HS 43%), Teamwork across Hospital Units (AHRQ53%: HS46%), and Communication Openness (AHRQ61%: HS56%).

Discussion
These results are the first reported from an application of the Hospital Survey on Patient Safety Culture; a) to an Australian health service, b) comparing acute, sub-acute and residential settings, and c) to staff primarily dealing with elderly patients. The results showed small differences in patient safety culture between staff in acute and sub-acute care settings and overall compared favourably to international benchmarks.
Compared to the AHRQ benchmarks, the Health Service performed higher on Hospital Management Support for Patient Safety, and lower on Hospital Handovers & Transfers, Staffing, Teamwork across Hospital Units, and Communication Openness. Organisational differences between healthcare systems may influence staff attitudes and beliefs about patient safety.
EVALUATING THE EFFECTIVENESS OF DIETETIC OUTPATIENT SERVICES

Naomi Kubina, Fiona Turnbull, Melissa Sapuppo, Ana Hughes, Elizabeth White
Nutrition and Dietetics Department, Peninsula Health

Introduction
There is little published evidence regarding the effectiveness of Dietetic outpatient services. However, there is a plethora of evidence relating to the usefulness and effectiveness of nutrition education (1-6).

Aims
The aim of this project is to examine and evaluate the outcomes of nutrition education provided through Dietetic Outpatient services across Peninsula Health.

Methods
A questionnaire comprising 29 questions was developed that assessed client confidence, self efficacy, activity, eating behaviours, stage of change and perceived goal progression. This was given to patients referred for lifestyle disease education prior to their initial one-to-one interview with the Dietitian, and repeated at one month and three months after the initial interview. Completed sections of the questionnaire assessing client confidence, self efficacy, activity, eating behaviours, stage of change and perceived goal progression were compared where clients completed two or more questionnaires.

Results
Of the 53 clients initially interviewed, 46 clients completed two or more questionnaires. Significant changes were found over the initial one month period for clients perceived goal progression, and over the three month period for eating behaviours, stage of change, and perceived goal progression. No significant changes were found for confidence levels, self perception or physical activity.

Conclusions
Dietetic outpatient services at Peninsula Health are effective at positively influencing eating behaviours, stage of change and clients perceived progression towards their nutrition goals. However, alternative methods may need to be sought to effect change in other areas such as confidence levels, self perception and physical activity in light of the constraints of outpatient settings.

References
1. RL Thompson, CD Summerbell, L Hooper, JPT Higgins, PS Little, D Talbot, S Ebrahim. Dietary advice given by a dietitian versus other health professional or self-help resources to reduce blood cholesterol. Cochrane review. 2003
GLYCAEMIC CONTROL IN PATIENTS RECEIVING ALL IN ONE TPN IS IMPROVED COMPARED TO PATIENTS RECEIVING TPN USING A MULTIPLE BOTTLE SYSTEM

S King*, A Bramley* and N Fowler#.
* Department of Nutrition and Dietetics Peninsula Health
# Department of ICU

Introduction
Parenteral nutrition (PN) is a form of nutrition support indicated when a patient cannot meet their nutritional requirements via the enteral route. PN must provide macronutrients (protein, carbohydrate and fat) as well as micronutrients, electrolytes, vitamins and trace elements delivered intravenously. PN can cause complications including central venous catheter (CVC) infection or CVC related sepsis, metabolic abnormalities including increased blood glucose levels, electrolyte disturbances and hepatobiliary dysfunction(1).

Recent literature suggests that including calories from lipid daily may reduce some of the metabolic complications in PN, namely elevated blood sugar levels (BSL) resulting from high glucose PN formulations (2,3). Furthermore recent studies suggest an increase in morbidity and mortality associated with elevated BSL(4). In 2005 Clinicians at Frankston Hospital implemented a new evidence based total parenteral nutrition (TPN) protocol that resulted in a formulation with decreased calories from glucose and increased calories from lipid and moving from PN delivered using multiple bottles to an all in one system with all nutrients delivered in a single bag

Aim
To analyse the impact of the new PN protocol on the occurrence of common PN complications including glucose control, insulin use and infection rates.

Method
A retrospective audit of medical histories in all patients who received TPN for greater than or equal to 5 days from Jan 2004-June2004 (Group A) and from Jan 2005-June 2006 (Group B) was conducted. Group A received PN in a multiple bottle system and Group B received PN in an All in One system. Information collected included demographics, blood glucose levels, lipid studies and insulin requirements. All patients were over 18 and data collection ceased once oral or enteral feeding was established. The data collected was then analysed using SPSS 12.0 for Windows®.

Results
- Group A consisted of 37 patients and Group B consisted of 34 patients. Groups were well matched with group A containing 2 patients with diabetes and group B containing 3 patients with diabetes.
- Average BSL in Group A was 8.5±0.8 mmol and 8.1± 0.28mmol in Group B (p=0.02)
- The percentage of BSL readings>10.0mmol/L was 12.1±7.8 in Group A compared to 8.2±7.8 in Group B (p=0.04)
- The percentage of BSL readings>12.0mmol/L was 8.9±2.5 in Group A compared to 4.8±2.8 in Group B (p=0.04)
- The number of patients requiring insulin in Group A n=26 was higher than that of Group B n=17 (p=0.02)
- Average units of insulin used per day in Group A was 61.5 ± 2.9 and in Group B was 37.9± 2.2 (p=0.1)
- Significant difference of the above results was lost once the data was adjusted for the presence of Diabetes, however, the trend toward lower BSL and insulin use in Group B remains.
- There was no difference in CVC infection or sepsis rate between the two groups
Discussion
Whilst average BSLs were similar between both groups, Group B had significantly less episodes of elevated BSLs and required less insulin compared to Group A. Interestingly, statistical significance was lost when the data was adjusted for the presence of Diabetes however one limitation of the study is the small number of total patients that may account for the loss of statistical significance.

The results of this study support the use of a PN formulation with reduced calories from glucose and increased calories from lipid. No increase in sepsis or line infection rate occurred with lipid administer daily as part of an all in one system.

References
Palliative Care and Occupational Therapy may at first glance appear antithetical. After all how does one “fix” or restore meaningful occupation to someone who is dying. Dame Cicely Saunders, founder of the modern hospice movement eloquently enunciates what palliative practice is – “We will do all we can to help you die peacefully, but also to help you live until you die.” Occupational Therapists’ through their unique understanding of occupational performance are well equipped to help palliative patients “live until they die”

The occupational therapy role in palliative care may appear to be primarily one of care and support. However, it is often confronting for the OT, patient and carers. It has been suggested that engaging in palliative care without a thorough understanding of behavioural knowledge and skills related to the psychosocial, psychological and physical aspects of death and dying is tantamount to providing unethical and inadequate care.

**This presentation will address the** acquisition of competencies for OTs working in palliative care, noting it is a crucial developmental phenomena. **These competencies** as identified in literature and supported through research into OT practice around palliative home assessments support the following

1. Working within a **palliative model** of care rather than a medical model
2. **Reframing practice** – being rather than doing
3. **Sharing power** with the client – ability to accommodate client centred care when it may conflict with your clinical judgement
4. **Core Values** - boundary setting, care and connection,
5. **Self Care** – debriefing, self awareness, supervision

The **presentation will also link how these** competencies are transferable to clinicians working with patient groups where constant deterioration is inevitable.
HEALTH NEEDS OF WOMEN FOLLOWING HEART EVENT: WHAT ARE THE ISSUES AND STRATEGIES AIMED AT ADDRESSING THESE?

Lynn Murdoch, Cardiovascular Nurse, Coordinator Cardiac Rehabilitation Program, Peninsula Health

Heart disease is the number one killer of women in Australia. In 1998 the National Heart Foundation reported 5 times more deaths from cardiovascular disease in women than from breast cancer. Understanding of risk and ability to reduce this and promote protective behaviours is an important health need for women. Attendance at cardiac rehabilitation programs after a cardiac event offers women an opportunity to address this health need.

However, after a heart event women's participation rates at cardiac rehabilitation (CR) programs have traditionally been low (Worcester et al ,2004). Reasons for this include perceptions of women’s role as carer with personal needs prioritised last, older age of women at first presentation of heart disease and under referral to programs. In response to this women have been targeted by Peninsula Health CR service with the aim of increasing attendance at initial assessment. Women are then given encouragement to attend and complete the seven week program.

Through this increased focus on women a variety of female specific issues have been identified. These include increased referral to the service of women aged 40-55 years; women’s expressed difficulties with resumption of sexual activity stemming from both medication side effects and characteristics of relationships; lack of secure employment in this patient group and the impact of this on health care and, non-attendance of partners at CR leading to a limited understanding and support for women patients from there partners.

Strategies to address these issues have been introduced at Peninsula Health CR. This poster will list the female specific issues that have been identified along with the responses of both the service and the women to these issues.
Kaltostat has been used for many years as the standard dressing for donor sites. It has the disadvantage of requiring a secondary absorbent dressing over it, which is not waterproof and frequently will leak blood. Polyurethane film dressings (Tegaderm) have also been used routinely with excellent healing rates, are waterproof, but highly prone to leakage.

We are undertaking a prospective randomized controlled trial using a new dressing, Tegaderm Absorbent, which provides all the regular benefits of a polyurethane dressing but with absorptive capacity. Tegaderm Absorbent (TA) consists of a conformable acrylic pad enclosed between 2 layers of transparent film. The film in contact with the wound surface is perforated to allow uptake of the wound fluid by the absorptive acrylic pad.

Patients were randomized to receive either Tegaderm Absorbent (3M) or Kaltostat Alginate dressing (Convatec)/ gauze/ combine /mefix on their split skin graft (SSG) donor sites.

We report here the first 16 patient patients (8 Kaltostat, 8 TA) entered into the trial. Patients had a mean age of 68 years (16-91 years), 9 males and 7 females.

Leakage occurred in 71% of Kaltostat dressings compared to none of the TA. At the first dressing change, (mean 12.3 days) all TA donor sites had healed compared to only 29% Kaltostat. Mean pain score on removal of the dressing was 0 for TA compared to 3.2 (0-6) for Kaltostat. Ease of removal was also significantly easier for TA.
Abstracts – POSTER DISPLAY

ARE 1% AND 2% LIGNOCAINE EQUALLY EFFECTIVE IN PROVIDING TOPICAL ANAESTHESIA IN FIBROOPTIC BRONCHOSCOPY?

M Rodrigues, G Braun, V Le Blanc, D Langton
Department of Thoracic Medicine

Published guidelines recommend topical anesthesia by 2 % lignocaine during fibreoptic bronchoscopy (FOB). Lignocaine in excessive doses can however have deleterious effects including death. We assessed whether 1% lignocaine provides equivalent anaesthesia.

Method
Patients attending for FOB between 3/2006 and 10/2006 who consented were randomized to receive either 1 or 2% lignocaine for all topical anaesthesia. In a double-blinded fashion the patient, bronchoscopist and anaesthetist completed separate questionnaires evaluating the comfort and tolerability of the procedure.

Results
46 completed questionnaires have been analysed so far. There were no differences between the two groups in relation to age (mean 62.2, SD 14.3), sex (46% males), smoking status (17% smokers), indication or procedure performed. There were no differences between the two lignocaine groups for any patient question. Only 2 of 46 patients reported problems with the bronchoscopy and 5 reported they would be unhappy to have the procedure repeated. In the other questionnaires there were only two (of seven) questions where a difference was evident in favour of 2% lignocaine - the bronchoscopist’s rating of adequacy of anaesthesia (2.3 vs 1.7 on a 5-point Likert scale, p=0.048) and the anaesthetist’s rating of cough control (3.3 vs 2.6 on a 5-point Likert scale, p=0.049). Nevertheless the procedure was never cut short, and there were no differences in volume of lignocaine used, dose of midazolam or propofol given or duration of procedure.

Conclusion
1% and 2% lignocaine are equally effective in providing anaesthesia during FOB.
RELIABILITY AND SPOUSAL AGREEMENT IN THE BERLIN QUESTIONNAIRE

V Le Blanc, J Sharp, G Braun, D Langton
Department of Thoracic Medicine, Frankston Hospital Victoria 3199

The Berlin Questionnaire (BQ) is a simple, one page questionnaire designed as a prediction tool for obstructive sleep apnoea (OSA). The utility of the BQ has been previously reported. In this study we examine the test-retest reliability and spousal agreement of the BQ.

Method
One month prior to an overnight diagnostic sleep study patients and their spouses were phoned and asked to complete the BQ. Patients were again phone closely before or after their sleep study and asked to complete the BQ.

Results
62 test-retest pairs and 44 patient-spouse pairs were analysed. The mean age was 59.7 (11.7 (SD)), males = 66%, BMI = 33.5 (8.3). The mean RDI was 15.0 (15.8). 68% of the group had an RDI > 5, and 27% RDI ≥ 20. The test-retest reliability over an average of 1 month was high (ICC = 0.95, p < 0.001). The table shows the diagnostic utility of the BQ patient and of the BQ spouse for cut-points of RDI ≥ 5 and RDI ≥ 20.

<table>
<thead>
<tr>
<th></th>
<th>any OSA (RDI ≥ 5) n=30</th>
<th>severe OSA (RDI ≥ 20) n=12</th>
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<tbody>
<tr>
<td></td>
<td>BQ pt</td>
<td>BQ sp</td>
</tr>
<tr>
<td>sensitivity</td>
<td>67 %</td>
<td>70 %</td>
</tr>
<tr>
<td>specificity</td>
<td>50 %</td>
<td>50 %</td>
</tr>
<tr>
<td>PPV</td>
<td>74 %</td>
<td>75 %</td>
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<tr>
<td>NPV</td>
<td>42 %</td>
<td>44 %</td>
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</table>

Conclusion
The BQ has a high test-retest reliability over 1 month. There is no significant difference between pt and spousal reporting of BQ and spousal rating of BQ not superior to patient rating.

Key Words
Sleep apnea, screening, Berlin Questionnaire  SIG: Sleep
IMPACT OF A HOSPITAL-BASED INTERVENTION ON THE OUTCOME FOLLOWING MINIMAL-TRAUMA FRACTURES

Debra Renouf, Kaye Quick, Christopher Gilfillan
Frankston Hospital, Peninsula Health Care Network, Victoria, Australia.

A minimal-trauma fracture is a major risk factor for subsequent fracture with associated morbidity and mortality. Despite the availability of effective treatment, most minimal-trauma fracture patients are discharged from hospital without the initiation of medical therapy to prevent recurrent fractures.

This study was a prospective randomised evaluation of the efficacy of a hospital-based intervention versus conventional therapy on all patients with minimal trauma fracture presenting to Frankston hospital from October 2004 to August 2005. The intervention group received clinical review during the hospital admission, outpatient DEXA scan, biochemical investigation for secondary causes of osteoporosis, a follow-up review in the endocrine clinic with treatment recommended as appropriate and a letter outlining results and treatment sent to the LMO. The conventional treatment group had no intervention except those offered by their usual practitioners. Patients were followed up by telephone interview at one year. The primary outcome measure was the proportion of patients who were initiated and remained on effective anti-fracture therapy at 1 year.

Results: A total of 169 patients were randomised, 84 in the intervention arm and 85 in the conventional arm. Investigation and treatment initiation has been completed in 51 patients in the intervention arm. A total of 91 patients have been reviewed at one year with follow-up ongoing. Treatment initiation and persistence at one year is indicated in the table.

<table>
<thead>
<tr>
<th></th>
<th>Commenced on therapy Conventional group n = 59</th>
<th>Commenced on therapy Intervention group n = 51</th>
<th>Conventional group remain on therapy at 12 months n = 59</th>
<th>Intervention group remain on therapy at 12 months n = 30</th>
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<tbody>
<tr>
<td>Calcium</td>
<td>24 41%</td>
<td>32 63%</td>
<td>18 of 24 75%</td>
<td>9 of 12 75%</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>13 22%</td>
<td>31 61%</td>
<td>7 of 13 54%</td>
<td>6 of 9 67%</td>
</tr>
<tr>
<td>Bisphosphonates</td>
<td>7 12%</td>
<td>25 49%</td>
<td>6 of 7 86%</td>
<td>9 of 10 90%</td>
</tr>
</tbody>
</table>

These results show a one off hospital-based intervention consisting of education, investigation and early commencement of treatment improves initiation of therapy directed at the treatment of osteoporosis. In particular there was a four-fold increase in the commencement of bisphosphonates in the intervention group, which ultimately should reduce the risk of future minimal trauma fractures in this high-risk population. This data provides support for the establishment of a dedicated outpatients clinic specifically targeting this population.
**Peninsula Health**  
**Registrar Research Prize and Tyco Award 2006**  

*This Prize will be held on Saturday, 11th November 2006 in the Academic Centre, Frankston Hospital*

**PROGRAM**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
<th>Department</th>
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<tbody>
<tr>
<td>7.45 am</td>
<td>Breakfast</td>
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<tr>
<td>8.15 am</td>
<td>Introduction by Chairman</td>
<td><em>Professor Jonathan Serpell</em></td>
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<tr>
<td>8.20 am</td>
<td>Eosinophilic Oesophagitis as a Cause of Acute Food Impaction: A Prospective Observational Study</td>
<td>Dr Marios Efthymiou</td>
<td>Gastroenterology</td>
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<tr>
<td>8.35 am</td>
<td>Are 1% and 2% Lignocaine Equally Effective in Providing Topical Anaesthesia in Fibreoptic Bronchoscopy?</td>
<td>Dr Mathew Rodrigues</td>
<td>Respiratory Medicine</td>
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<tr>
<td>8.50 am</td>
<td>Reflux Patterns in the Proximal Great Saphenous Vein Before and After Endoluminal Laser Ablation Therapy</td>
<td>Dr Shane O’Neill</td>
<td>Vascular Surgery</td>
</tr>
<tr>
<td>9.05 am</td>
<td>Hypothyroidism Following Hemithyroidectomy</td>
<td>Dr Shirley Su</td>
<td>Breast &amp; Endocrine Surgery Unit</td>
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<tr>
<td>9.20 am</td>
<td>Accuracy of Self-Reported Height and Weight in Elective Surgery Patients</td>
<td>Dr Natalie Gattuso</td>
<td>Anaesthetics</td>
</tr>
<tr>
<td>9.35 am</td>
<td>A Comparison of Tullegras, Atrauman, and Urgotul for Full-Thickness Skin Graft with Tie-Over Dressing</td>
<td>Dr Ray Goh</td>
<td>Plastic Surgery</td>
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<tr>
<td>9.50 am</td>
<td>The Addition of a Ketamine Infusion to Tramadol for Postoperative Analgesia. A Double-Blind, Placebo Controlled Randomised Trial After Abdominal Surgery.</td>
<td>Dr Brad Skinner</td>
<td>Anaesthetics</td>
</tr>
<tr>
<td>10.05 am</td>
<td>The Rapid Infusion of Cold Hartmann’s for Hypothermia after Cardiac Arrest: A Pilot Pre-Hospital Study Involving Frankston Hospital</td>
<td>Dr Daniel Abell</td>
<td>Intensive Care Unit</td>
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<td>10.20 am</td>
<td>Impact of Synoptic Cytology Reporting on Thyroidectomy Rate</td>
<td>Dr Cyril Tsan</td>
<td>Breast &amp; Endocrine Surgery Unit</td>
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<td>10.35 am</td>
<td>Impact of a Hospital-Based Intervention on the Outcome Following Minimal Trauma Fractures</td>
<td>Dr Debra Renouf</td>
<td>Endocrinology</td>
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<tr>
<td><em>10.50 am</em></td>
<td>Laparoscopic Right Hemicolecotomy Provides A Similar Oncological Resection Compared to Open Right Hemicolecotomy</td>
<td>Dr Emilio Mignanelli</td>
<td>Colorectal Surgery Unit</td>
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<tr>
<td><strong>1100 hrs</strong></td>
<td><em>Remembrance Day – 1 Minute of Silence</em></td>
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<tr>
<td>11.05 am</td>
<td>Do Adults Receive Better Analgesia for Isolated Upper Limb Fractures than Children?</td>
<td>Dr Ifeanyi Chiezey</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>11.20 am</td>
<td>Is Gyrus Loop TURP the New Gold Standard for Prostatic Hypertrophy? Prospective trial: TURP vs. Gyrus 30 months follow up</td>
<td>Dr Spencer Murray</td>
<td>Urology</td>
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<tr>
<td><strong>11.35 am</strong></td>
<td>Break</td>
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<tr>
<td><strong>11.45 am</strong></td>
<td>Presentation of Prize</td>
<td><em>Dr Sherene Devanesen</em></td>
<td>Chief Executive</td>
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</tbody>
</table>
EOSINOPHILIC OESOPHAGITIS AS A CAUSE OF ACUTE FOOD IMPACTION: A PROSPECTIVE OBSERVATIONAL STUDY

Marios Efthymiou, Aaron Thornton, David Badov, Lee Min Yap
Department of Gastroenterology, Frankston Hospital, Victoria, Australia

Eosinophilic oesophagitis (EO) is a rare but increasingly recognised cause of food impaction and has been associated with allergic conditions and peripheral blood eosinophilia. In this prospective case series, we aim to assess the prevalence of the condition in an Australian population presenting with food impaction.

Methods
All patients presenting to Frankston Hospital from September 2005 onwards with the diagnosis of food impaction were included in a prospective audit. Medical history was documented, patients underwent venesection for full blood examination. Gastroscopy with quadrant upper and lower oesophageal biopsies were obtained within 24 hours of the admission. A diagnosis of EO was made on histology using the following criteria: (1) Greater than 20 intraepithelial eosinophils per high power field (2) Diffuse and regular acanthosis of the surface stratified epithelium, (3) Associated epithelial spongiosis. Symptom questionnaires were administered at 6 monthly intervals following the initial presentation.

Results
Eleven patients were admitted to Frankston Hospital between September 2005 and May 2006 with food impaction as a primary diagnosis. Nine were male (82%) and two were female (18%). Mean age was 33 years (range 37-77 years). In all cases the obstructing bolus was meat. In our series the two (18%) patients diagnosed with EO had blood eosinophils in the normal range and did not report any allergic conditions. In the remaining nine patients (82%), histology was suggestive of reflux oesophagitis. This group of patients were less likely to have recurrent dysphagia or food impaction following discharge compared to those with EO.

Summary
Eosinophilic oesophagitis is thought to be a rare condition causing dysphagia and food impaction. Initial results from this ongoing case series show that the condition is not as uncommon as previously expected. Increased awareness of the condition and its management is necessary to improve clinical outcomes.
ARE 1% AND 2% LIGNOCAINE EQUALLY EFFECTIVE IN PROVIDING TOPICAL ANAESTHESIA IN FIBREOPTIC BRONCHOSCOPY?

Mathew Rodrigues, Gary Braun, Van Le Blanc V, David Langton
Department of Thoracic Medicine, Frankston Hospital

Published guidelines recommend topical anesthesia by 2 % lignocaine during fibreoptic bronchoscopy (FOB). Lignocaine in excessive doses can however have deleterious effects including death. We assessed whether 1% lignocaine provides equivalent anaesthesia.

Method
Patients attending for FOB between 3/2006 and 10/2006 who consented were randomized to receive either 1 or 2% lignocaine for all topical anaesthesia. In a double-blinded fashion the patient, bronchoscopist and anaesthetist completed separate questionnaires evaluating the comfort and tolerability of the procedure.

Results
46 completed questionnaires have been analysed so far. There were no differences between the two groups in relation to age (mean 62.2, SD 14.3), sex (46% males), smoking status (17% smokers), indication or procedure performed.

There were no differences between the two lignocaine groups for any patient question. Only 2 of 46 patients reported problems with the bronchoscopy and 5 reported they would be unhappy to have the procedure repeated. In the other questionnaires there were only two (of seven) questions where a difference was evident in favour of 2% lignocaine - the bronchoscopist's rating of adequacy of anaesthesia (2.3 vs 1.7 on a 5-point Likert scale, p=0.048) and the anaesthetist's rating of cough control (3.3 vs 2.6 on a 5-point Likert scale, p=0.049). Nevertheless the procedure was never cut short, and there were no differences in volume of lignocaine used, dose of midazolam or propofol given or duration of procedure.

Conclusion
1% and 2% lignocaine are equally effective in providing anaesthesia during FOB.
REFLUX PATTERNS IN THE PROXIMAL GREAT SAPHENOUS VEIN BEFORE AND AFTER ENDOLUMINAL LASER ABLATION THERAPY

Shane O’Neill, George Somjen, J Page
Vascular Surgery Unit, Frankston Hospital

Endovenous ablation of the great saphenous vein (GSV) affects the saphenofemoral junction (SFJ) and the proximal great saphenous vein (GSF) differently compared to traditional surgical high ligation. Long term data are still scanty on the incidence of saphenofemoral recurrence after endovenous obliteration of the GSV.

The aim of our study was to examine the immediate changes at the SFJ after endovenous laser ablation of the GSV. This study is part of an ongoing ultrasound follow-up, which looks at recurrence in regular intervals after the procedure to establish, how the immediate outcome influences late recurrence.

Patients and Methods
In a one year period, between May 2005 and May 2006, 172 patients underwent endovenous laser obliteration of the great saphenous vein at The Bays Hospital, Mornington Vic. 208 legs were treated with the Biolitec (980 nm) diode laser system.
All patients underwent detailed venous duplex examination of their lower limb veins before the procedure. Reflux patterns at the saphenofemoral junction were established.
Two main patterns of GSV reflux were demonstrated.
1. Reflux commenced at the saphenofemoral junction and extended down in the great saphenous vein GSV (71%).
2. Reflux commenced below the subterminal valve of the GSV and the SFJ remained competent (29%).
The presence of an incompetent anterior accessory saphenous vein (AASV) was also noted.
Between 1 and 2 weeks after the intervention another duplex scan study was undertaken when the extent of vein obliteration and the reflux patterns were again described.

Results
The GSV was successfully obliterated in 204 cases (98%). The thrombus extended up to the saphenofemoral junction in 37 legs (18%). In 167 legs (80%) the saphenofemoral junction remained open, and the GSV was found obliterated only below the subterminal valve, 2-3 cm below the SFJ. In most of these extremities 162 out of 167 this patent proximal segment of the GSV was competent, and assisted the physiological drainage of the proximal “abdominal” tributaries towards the SFJ. Only in five cases, in this group, was reflux detectable in the proximal GSV towards an incompetent AASV. The laser treatment failed to obliterate the great saphenous vein in four cases (2%).

The proximal extent of GSV obliteration did not correlate with the preoperative reflux patterns. It was mostly related to the intraoperative position of the tip of the laser fibre.

Conclusion
The early success of endovenous laser obliteration of the GSV was 98 percent. The reflux at the SFJ was eliminated in most of the cases, even though a proximal segment of the GSV remained patent, where the abdominal tributaries drained towards the SFJ. One may question the pathophysiological role of these normally draining proximal tributaries, which are meticulously ligated during surgical high ligation. Apart from the four early failures the residual proximal GSV reflux (five cases) was all associated with AASV incompetence, which emphasises the importance of preoperative planning to eliminate the AASV.
HYPOTHYROIDISM FOLLOWING HEMITHYROIDECTOMY

Shirley Su, Jonathan Serpell
Breast and Endocrine Surgery Unit, Frankston Hospital

Background
The incidence and risk factors for hypothyroidism in patients undergoing partial thyroid surgery remain unclear. Hypothyroidism is an important but uncommon sequel of hemithyroidectomy. The early recognition and treatment of post-operative hypothyroidism will alleviate symptoms and may prevent recurrent thyroid disease.

Aim
To investigate the incidence, time to onset and risk factors for the development of hypothyroidism following hemithyroidectomy.

Methods
Patients undergoing hemithyroidectomy from August 1992 to June 2006 by a single surgeon were identified from an existing, prospectively collected thyroid database. Records were also reviewed retrospectively. Patients were analysed for age, sex, family history of thyroid disease, thyroid antibody levels, pre and post-operative TSH, histological diagnosis and the presence of concurrent thyroiditis. Patients who developed hypothyroidism were evaluated for the lag time to diagnosis and the dose of thyroxine required for treatment. Data was analysed with SPSS and chi-squared or Fisher’s exact test was performed.

Results
Hypothyroidism was diagnosed in 5.7% of 399 patients, with a mean post-operative TSH of 8.51 ± 2.91 mIU/L. The mean time to diagnosis was 5.88 ± 3.99 months and the mean prescribed thyroxine dose was 59.38 ± 18.60 mcgs. A significantly higher proportion of patients with post-operative hypothyroidism had elevated pre-operative TSH levels (8.6% versus 0%; P<0.01). These patients also had a higher incidence of thyroiditis on histology (43.4% versus 10.4%; P<0.01) and elevated thyroid antibodies levels (46.6% versus 11.4%; P<0.01). Age, family history of thyroid disease, gender, and preoperative thyroid status were not significant risk factors for hypothyroidism.

Conclusion
Hypothyroidism following hemithyroidectomy occurs in 5.7% of patients. In this series, it usually manifested within the first 12 months after surgery, and was treated with small doses of thyroxine. Patients with elevated preoperative TSH and thyroid antibody levels, and those with thyroiditis on histology are at increased risk and should be monitored closely following hemithyroidectomy.
ACCURACY OF SELF-REPORTED HEIGHT AND WEIGHT IN ELECTIVE SURGERY PATIENTS

Natalie Gattuso, Department of Anaesthesia

Introduction
Obesity has implications for anaesthesia and surgery, and therefore admission planning. At Peninsula Health, elective surgery patients self-report height and weight on a pre-admission questionnaire, which is screened to determine whether the patient needs further assessment and the appropriate facility for surgery.

Aims
Obtain information on the size of patients undergoing elective surgery at Frankston Hospital, and determine the accuracy of using self-reported height and weight in pre-admission screening.

Methods
Data was collected from 444 patients over 15 years of age undergoing elective surgery. Patients self-reported height and weight, and both were measured on the day of admission. Body mass index (BMI) was calculated, and the self reported values compared to the measured values.

Results
36% of patients were obese (BMI > 30) and 17% morbidly obese (BMI > 35). Women had higher rates of obesity (40%) than men (30%). Self-reported BMI correlated very well with true BMI (r > 0.95).

Conclusion
There is a high prevalence of obesity in the population of elective surgery patients at Frankston Hospital. BMI calculated from self-reported height and weight provided an accurate representation of true BMI, validating the use of the pre-admission questionnaire to screen for obese patients.
A COMPARISON OF TULLEGRAS, ATRAUMAN, AND URGOTUL FOR FULL-THICKNESS SKIN GRAFT WITH TIE-OVER DRESSINGS

Ray Goh, Patricia Terrill, David Hunter-Smith, Marie Rostek, David Ross, Tom Robbins
Department of Plastic and Reconstructive Surgery, Frankston Hospital

Objectives
To evaluate three non-adherent dressings applied as part of a tie-over dressing associated with full-thickness skin graft repair of a skin defect.

Methods
A prospective randomised controlled study involving seventy eight consecutive patients requiring full-thickness skin graft reconstruction post excision of skin cancer from the head and neck region. Patients with infected lesions were excluded. Patients were randomised to receive either Tullegras, Atrauman, or Urgotul as the non-adherent dressing onto which Acroflavin wool was tied over as a pressure dressing. A questionnaire was completed evaluating the ease of application and removal, patient comfort, skin graft take and infection rates.

Results
Fifty-two patients were male (67%), and the patients had a mean age of 72 years. The majority of lesions excised were basal cell carcinomas (65%), and most occurred on the nose (34%). All three dressings were equally easy to apply. Atrauman was easiest to remove with the least adherence to the wound; however, compared to the other two dressings, grafts dressed with Atrauman were more moist, more painful to remove, was associated with more infections, and had less average graft take (93% compared to 98% for both Tullegras and Urgotul). Urgotul had the lowest rate of haematoma formation, but was similar to Tullegras in all other respect. Wound infection occurred variably in both patients with or without antibiotic coverage.

Conclusion
No single dressing was found to be clinically superior. Antibiotic coverage may incur a significant bias toward wound infection rate and ultimate graft take.
THE ADDITION OF A KETAMINE INFUSION TO TRAMADOL FOR POSTOPERATIVE ANALGESIA. A DOUBLE-BLIND, PLACEBO CONTROLLED RANDOMISED TRIAL AFTER ABDOMINAL SURGERY

Bradley Skinner, Ashley Webb
Department of Anaesthesia, Frankston Hospital

Introduction
Effective analgesia is important for a satisfactory peri-operative experience. Multi-modal analgesia involves using multiple analgesics targeting different receptor sites, to improve analgesia without increasing side effects. Ketamine and tramadol are commonly used intravenous analgesic agents. Currently there is no published human data on the analgesic interaction between tramadol and ketamine infusions.

Aim
To show improved subjective analgesic efficacy in ASA1-3 patients undergoing non-urgent laparotomy when ketamine is added to morphine/tramadol combinations.

Method
120 patients were randomised to receive a postoperative ketamine infusion (0.1 mg/kg/hr) (ketamine group) or a normal saline infusion (control group) for 48 hours. All patients received additional analgesia from a tramadol infusion, (0.2mg/kg/hr) as well as PCA morphine.

Results
Ketamine was associated with improved subjective analgesic efficacy in the first 24 hours (P=0.008), and improved rest (P=0.01) and movement (P=0.02) pain scores during the 0-48 hour study period. Ketamine was morphine sparing at 24 (P=0.003) and 48 hours (P=0.001) and patients were less sedated in the first 24 hours. There were no group differences with regard to postoperative nausea, cognitive function testing, or sleep disturbance, but hallucinations were more common with ketamine.

Conclusion
Small-dose ketamine combined with tramadol and morphine PCA provides benefits to patients undergoing major abdominal surgery.
THE RAPID INFUSION OF COLD HARTMANNS FOR HYPOTHERMIA AFTER CARDIAC ARREST: A PILOT PRE-HOSPITAL STUDY INVOLVING FRANKSTON HOSPITAL

Daniel Abell, John Botha
Intensive Care Unit, Frankston Hospital

Introduction
Out of hospital cardiac arrest is common and many patients suffer cerebral hypoxia. Clinical trials have shown moderate induced hypothermia improves outcome from severe anoxic brain injury. However the method of cooling remains unclear. The hypothesis of this pilot study is that paramedic core cooling using a rapid infusion of large volume (40 ml/kg), ice-cold (4°C) Hartmanns Solution is a feasible technique to induce moderate hypothermia in comatose patients following a cardiac arrest.

Method
Following an out of hospital cardiac arrest with return of spontaneous circulation 52 patients (6 at Frankston) received large volume, intravenous ice-cold crystalloid during their transfer to hospital. Parameters measured included vital signs pre and post infusion, fluid balance, complications, and outcomes.

Results
The mean volumes infused in the Frankston group during pre-hospital care were 1850ml. This resulted in a mean core temperature drop of 2.1°C (36.5°C to 34.4°C). There was a mean drop of 23.5 in systolic blood pressure and 23 in pulse rate in the Frankston group although no significant drop in the overall study group. There were no changes in saturations in the Frankston group.

Discussion
This study showed that the rapid infusion of ice-cold crystalloid is an effective method of inducing moderate hypothermia as therapy for patients who have suffered an out of hospital cardiac arrest with return of spontaneous circulation.
IMPACT OF SYNOPTIC CYTOLOGY REPORTING ON THYROIDECTOMY RATE

Cyril Tsan, Jonathan Serpell
Breast and Endocrine Surgery Unit, Frankston Hospital

Aim
Fine needle aspiration cytology (FNAC) is integral to diagnosis and management of patients with thyroid nodule. Our institution introduced synoptic cytology reporting of endocrine pathology in 2004. We examined the impact of synoptic reporting on clinical practice.

Method
A comparative study of 2 years (1/8/2002-1/8/2004 vs 2/8/2004-2/2/2006) prior and post introduction of synoptic reporting was conducted from a prospectively collected database of patients presented with thyroid nodules. All data were analysed and calculated with Microsoft excel.

Results
There were 601 patients in total. There were 318 operated and 283 non-operated. The female to male ratio was 1:7. The average age was older in male vs female in both periods (59 vs 53 and 56 vs 52). The overall FNAC sensitivity were 58.5% vs 75.5%, specificity were 83.6% vs 80.4%, accuracy 75.4% vs 78.6%, false positive 16.4% vs 19.6% and false negative of 41.5% vs 24.5%. The FNAC prompted surgery in 66.7% vs 100% in carcinoma and 55.8% vs 69.7% in adenoma. The benign FNAC prompted surgery in 15.2% VS 19.6% of cases. The total rate of surgery decreased from 56.2% to 47.7%.

Conclusions
Synoptic cytology reporting has demonstrated an overall improvement in all aspects. The rate of surgery decreased 8.5% after the introduction of synoptic reporting. It is simple to understand with a remarkable result without substantial changes in a surgeon’s practice. It is therefore recommended for all endocrine units.
IMPACT OF A HOSPITAL-BASED INTERVENTION ON THE OUTCOME FOLLOWING MINIMAL-TRAUMA FRACTURES

Debra Renouf, K Quick, Christopher Gilfillan
Frankston Hospital, Peninsula Health Care Network, Victoria, Australia

A minimal-trauma fracture is a major risk factor for subsequent fracture with associated morbidity and mortality. Despite the availability of effective treatment, most minimal-trauma fracture patients are discharged from hospital without the initiation of medical therapy to prevent recurrent fractures.

This study was a prospective randomised evaluation of the efficacy of a hospital-based intervention versus conventional therapy on all patients with minimal trauma fracture presenting to Frankston hospital from October 2004 to August 2005.

The intervention group received clinical review during the hospital admission, outpatient DEXA scan, biochemical investigation for secondary causes of osteoporosis, a follow-up review in the endocrine clinic with treatment recommended as appropriate and a letter outlining results and treatment sent to the LMO. The conventional treatment group had no intervention except those offered by their usual practitioners. Patients were followed up by telephone interview at one year. The primary outcome measure was the proportion of patients who were initiated and remained on effective anti-fracture therapy at 1 year.

Results:
A total of 169 patients were randomised, 84 in the intervention arm and 85 in the conventional arm. Investigation and treatment initiation has been completed in 51 patients in the intervention arm. A total of 91 patients have been reviewed at one year with follow-up ongoing. Treatment initiation and persistence at one year is indicated in the table.

<table>
<thead>
<tr>
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<th>Commenced on therapy</th>
<th>Conventional group remain on therapy at 12 months</th>
<th>Intervention group remain on therapy at 12 months</th>
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<tr>
<td>Calcium</td>
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<tr>
<td>Conventional</td>
<td>n = 59</td>
<td>n = 59</td>
<td>n = 30</td>
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<tr>
<td>group n = 59</td>
<td>24 41%</td>
<td>18 of 24 75%</td>
<td>9 of 12 75%</td>
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<td>Vitamin D</td>
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<tr>
<td>Conventional</td>
<td>n = 59</td>
<td>n = 59</td>
<td>n = 30</td>
</tr>
<tr>
<td>group n = 59</td>
<td>13 22%</td>
<td>7 of 13 54%</td>
<td>6 of 9 67%</td>
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<td>Bisphosphonates</td>
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<tr>
<td>Conventional</td>
<td>n = 59</td>
<td>n = 59</td>
<td>n = 30</td>
</tr>
<tr>
<td>group n = 59</td>
<td>7 12%</td>
<td>6 of 7 86%</td>
<td>9 of 10 90%</td>
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<tr>
<td>Calcium 24</td>
<td>32 63%</td>
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<tr>
<td>Vitamin D 13</td>
<td>31 61%</td>
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<tr>
<td>Bisphosphonates</td>
<td>25 49%</td>
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These results show a one off hospital-based intervention consisting of education, investigation and early commencement of treatment improves initiation of therapy directed at the treatment of osteoporosis. In particular there was a four-fold increase in the commencement of bisphosphonates in the intervention group, which ultimately should reduce the risk of future minimal trauma fractures in this high-risk population.

This data provides support for the establishment of a dedicated outpatients clinic specifically targeting this population.
LAPAROSCOPIC RIGHT HEMICOLECTOMY PROVIDES A SIMILAR ONCOLOGICAL RESECTION COMPARED TO OPEN RIGHT HEMICOLECTOMY

Emilio Mignanelli
Colorectal Surgery Unit, Frankston Hospital

Background
Laparoscopic colectomy for the management of colonic neoplasia is technically feasible, and becoming increasingly popular. Laparoscopic right hemicolecetomy has been performed in the colorectal unit at Frankston Hospital since January 2004. It is expected that the laparoscopic operation should deliver a similar oncological resection to the traditional open operation.

Aim
This study was performed to compare histopathology specimens following laparoscopic right hemicolecetomy (LRH) with those following open right hemicolecetomy (ORH) to evaluate oncological clearance of colonic neoplasms.

Methods
125 patients were identified through the Frankston Colorectal Database as having undergone right hemicolecetomy for neoplasia from January 2001. Data regarding patient details and tumour pathology were obtained by retrospective case note review. Thirty-five patients underwent LRH compared to 90 who had ORH during the same period. Histopathology from the two groups were compared for length of specimen resected, proximal and distal resection margins, size of tumour resected or number of lymph nodes harvested. Analysis was performed using Student’s T-test.

Results
The two groups were matched with respect to age, sex and tumour characteristics. There was no significant difference between the groups in terms of length of specimen resected (p=0.37), proximal (p=0.29) and distal (p=0.40) resection margins, size of tumour resected (p=0.37) or number of lymph nodes harvested (p= 0.58).

Conclusions
Laparoscopic right hemicolecetomy allows similar lymphovascular clearance to traditional open surgery.
DO ADULTS RECEIVE BETTER ANALGESIA FOR ISOLATED UPPER LIMB FRACTURES THAN CHILDREN?

Ifeanyi Chiezey, Jeff Wassertheil, Mark Smith
Emergency Department, Frankston Hospital

Aims and Objectives
This study was undertaken to determine if more adults with isolated upper limb fractures received analgesia than children with similar fractures, and also to show if there were differences in the types of analgesia given.

Methods
A retrospective review was carried out of medical, nursing, and treatment charts of all patients presenting within twenty four hours of injury to the emergency department of Frankston hospital with isolated upper limb fractures from 1st July 2004 to 30th June 2005. This was cross referenced with radiological reports for the same period to confirm fractures.

Results
686 patients met the study criteria - 311 paediatric patients, 375 adult patients.
158 (50.6%) paediatric patients received some form of analgesia, 49 (15.6%) received IV analgesia (opiates), 105 (33.8%) received oral analgesia, while 229 (61%) adults received some form of analgesia, 107 (28.5%) received IV analgesia (opiates) and 114 (30.4%) received oral analgesia.

Conclusion
More adults with isolated upper limb fractures received analgesia, and adults were more likely to receive IV analgesia than children. There was no significant difference in frequency of administration of oral analgesia to both groups.
IS GYRUS LOOP TURP THE NEW GOLD STANDARD FOR PROSTATIC HYPER trophy?
PROSPECTIVE TRIAL: TURP VS GYRUS 30 MONTHS FOLLOW UP

Spencer Murray
Urology, Frankston Hospital

Objectives
To prospectively compare Gyrus loop TURP over standard loop diathermy TURP.

Methods
Consecutive patients with symptomatic BPH presenting to one urologist were offered conventional TURP (cTUR) or Gyrus Loop TURP (Gyrus), based on their choice of hospitals. All patients were treated by a single urologist. Collected data included AUA score, IPSS score, flow-rate, erectile function, retrograde ejaculation, length of hospital stay, operative time, size of resected tissue, length of post-operative indwelling catheter duration, post-operative continuous bladder washout and requirement of manual clot evacuation.

Results
51 cTUR patients and 103 Gyrus patients were followed

Conclusions
The Gyrus offers considerable advantages over standard loop diathermy.
# Allied Health and Nursing Research Presentations 2006

(To be held on Wednesday, 15th November in the Academic Centre)

<table>
<thead>
<tr>
<th>No.</th>
<th>Time</th>
<th>Name</th>
<th>PRESENTATION TITLE</th>
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<tbody>
<tr>
<td></td>
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<td>Panel Preparation</td>
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<tr>
<td>1</td>
<td>11.30</td>
<td>Andrea Bramley (Dietitian)</td>
<td>The implementation of a Nutrition Support Team at Peninsula Health</td>
</tr>
<tr>
<td>2</td>
<td>11.45</td>
<td>Jenelle Collins (Speech Pathologist)</td>
<td>&quot;You only see him on a good day!&quot; Developing a collaborative team approach to dysphagia management in a psychogeriatric residential care setting (Carinya)</td>
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<tr>
<td>3</td>
<td>1.00 pm</td>
<td>Christine Taplin (Registered Nurse)</td>
<td>Primary Health: New Beginnings</td>
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<tr>
<td>4</td>
<td>1.15 pm</td>
<td>Andrea Bramley (Dietitian)</td>
<td>Glycaemic control in patients receiving all in one TPN is improved compared to patients receiving TPN using a multiple bottle system</td>
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<tr>
<td>5</td>
<td>1.30 pm</td>
<td>Jocelyn Irvin (Occupational Therapist)</td>
<td>Stroke Education: Improving information provision for stroke survivors and their families</td>
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<td>1.45 pm</td>
<td>Refreshments</td>
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<tr>
<td>6</td>
<td>2.00 pm</td>
<td>Joanne Crowe (Occupational Therapist)</td>
<td>Implementation of Best Practice Falls Prevention assessment and education in residential aged care</td>
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<tr>
<td>7</td>
<td>2.15 pm</td>
<td>Angela Dean (Occupational Therapist)</td>
<td>&quot;Accessing care in your community – A preliminary investigation of the clients’ knowledge and utilisation of ambulatory care services.&quot;</td>
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<tr>
<td>8</td>
<td>2.30 pm</td>
<td>Guy Wilkes (Pharmacist)</td>
<td>Is it possible to achieve safer use of medication by undertaking a medication safety project</td>
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<tr>
<td>9</td>
<td>2.45 pm</td>
<td>Fiona Butler (Registered Nurse)</td>
<td>Skin tear management at Peninsula Health</td>
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<tr>
<td>10</td>
<td>3.00 pm</td>
<td>Eliza Jervis-Read (Dietitian)</td>
<td>Feasibility of the low bacteria diet</td>
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<td>11</td>
<td>3.30 pm</td>
<td>Karen Edis (Dietitian)</td>
<td>Introduction of a ‘protocol for constipation management’ at Jean Turner Nursing Home and Lotus Lodge Hostel</td>
</tr>
<tr>
<td>12</td>
<td>3.45 pm</td>
<td>Lynn Murdoch (Registered Nurse)</td>
<td>Health needs of women following heart event: What are the issues and strategies aimed at addressing these?</td>
</tr>
<tr>
<td>13</td>
<td>4.00 pm</td>
<td>Melissa Sapuppo /Fiona Turnbull (Dietitian)</td>
<td>Evaluating the effectiveness of Dietetic Outpatient Services</td>
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<tr>
<td>14</td>
<td>4.15 pm</td>
<td>Jane Toohey (Registered Nurse)</td>
<td>Emerging attitudes to pregnancy, birth, breastfeeding and parenting</td>
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<tr>
<td>15</td>
<td>4.30 pm</td>
<td>Lisa Schneider (Dietitian)</td>
<td>Nutrition/post colo rectal surgery</td>
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<tr>
<td>16</td>
<td>4.45 pm</td>
<td>Kaye Bellis (Registered Nurse)</td>
<td>Hand hygiene compliance in a Victorian Multi-centred study</td>
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<td>(<em>This paper will be presented whilst the panel of judges consider their decisions. It has not been entered for an award.)</em></td>
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<td>4.45 pm</td>
<td>Review of Presentations</td>
<td>Panel will consider the presentations</td>
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<td>17</td>
<td>5.15 pm</td>
<td>Awarding of Prizes</td>
<td>Sara Watson - Executive Director RAPCS &amp; Allied Health</td>
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<td>Elizabeth Wilson - Executive Director Nursing Services &amp; Community Participation</td>
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<tr>
<td>18</td>
<td>5.30 pm</td>
<td>Refreshments</td>
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</table>
THE IMPLEMENTATION OF A NUTRITION SUPPORT TEAM AT PENINSULA HEALTH

Andrea Bramley – Dietitian

Introduction
Best practice reported in the literature states that patients receiving Parenteral Nutrition (PN) should have the input of a multidisciplinary team of nutrition experts (1, 2). A Nutrition Support Team (NST) consisting of the ICU consultant, ICU Dietician, ICU Pharmacist and Infection Control CNC was established at Peninsula Health in January 2006.

NST objectives are to promote best practice, prevent inappropriate use of TPN and prevent and manage complications of nutrition support.

Aim
To establish a multidisciplinary NST to provide expert advice and practical help with the delivery of specialised nutrition support within Peninsula Health.

Results
- NST reviews between 1-5 patients requiring specialised nutrition support weekly.
- NST has increased clinicians knowledge and skill of Nutrition Support.
- Areas of PN protocol non compliance were identified and further nursing training arranged.
- Participation of the ICU consultant has resulted in cessation of drugs commenced in ICU that have been continued inappropriately.

Discussion
The NST has been established and running for ten months. The increased skills and knowledge of clinicians working in the area of nutrition support and has allowed better monitoring of adherence to the PN protocol. The next step is to establish performance goals to enable the team to measure their success.

Conclusion
Peninsula Health has implemented a NST which represents the evidence based standard for optimising the treatment of patients requiring specialised nutrition support.

References
“YOU ONLY SEE HIM ON A GOOD DAY!” DEVELOPING A COLLABORATIVE TEAM APPROACH TO DYSPHAGIA MANAGEMENT IN A PSYCHOGERIATRIC RESIDENTIAL CARE SETTING (CARINYA)

Jenelle Collins - Speech Pathologist

Provision of Speech Pathology services to psychogeriatric populations in residential care presents unique opportunities and challenges.

Traditionally Speech Pathology services were provided at Carinya on individual referral basis only. It was recognised that this resulted in decreased clarity regarding the role of Speech Pathology in dysphagia management for residents with eating and drinking difficulties. Concern was also raised regarding limited referrals and reported inconsistencies in management.

This paper will present experiences in the development of a collaborative team approach to dysphagia management at Carinya. Changes to service delivery and process have been evaluated and have resulted in positive changes including increased provision of services (from 1 occasion of service in three month period to 40 in six month period), formation of a multidisciplinary Nutrition and Dysphagia Management working group and introduction of the Nutritional Screening Tool which is completed by nursing and incorporates indicators for referral to Dietetics, Speech Pathology and Occupational Therapy.
PRIMARY HEALTH: NEW BEGINNINGS

Christine Taplin – Registered Nurse

Twelve month project nurse position was set up and located at Peninsula Health’s Southern HIV/AIDS Resource and Prevention Service (SHARPS) Needle Syringe Program (NSP) funded through the Hospital Admission Risk Program (HARP) Chronic Disease Management (CDM) as part of the Complex Care Program. The aim of the project is to enhance the existing service for Injecting Drug Users (IDU’s) safely accessing and returning needles and syringes.

Given the obvious impact on an individual’s health of problematic substance use and the environment in which it occurs injecting drug users suffer disproportionately high rates of chronic poor health. This project addresses the need for SHARPS clients to improve access to healthcare services that are either not currently available or available but not being utilised by them.

Apart from injecting related problems injecting drug users suffer from a range of other problems associated with their street based lifestyle. (Rowe, 2005). By engaging with this group of clients, the RN was able to achieve objectives and document outcomes in the following areas:

- Clinical service delivery
- Clinical coordination
- Health Promotion
- Partnership
- Research
GLYCAEMIC CONTROL IN PATIENTS RECEIVING ALL IN ONE TPN IS IMPROVED COMPARED TO PATIENTS RECEIVING TPN USING A MULTIPLE BOTTLE SYSTEM.

Andrea Bramley - Dietitian
Samantha King - Hon. Student
Nina Fowler - Research Officer

Introduction
In 2005 Peninsula Health implemented a new parenteral nutrition (PN) protocol reflecting recent evidence supporting decreased glucose calories, increased lipid calories and the delivery of PN in an all in one (AIO) system with all nutrients delivered in a single bag. (1,2,3,4).

Aim
To analyse the impact of the new PN protocol on the occurrence of common PN complications including glucose control, insulin use and infection rates.

Method
A retrospective audit of medical histories in all patients who received PN for \( \geq 5 \) days from Jan 2004-June 2004 (Group A \( n=37 \)) and Jan 2005-June 2005 (Group B \( n=34 \)) was conducted. Group A received high glucose PN in a multiple bottle system and Group B received lower glucose PN in an AIO system. Information collected included demographics, blood glucose levels, lipid studies and insulin requirements.

Results
- Groups were well matched with 2 and 3 patients with diabetes in group A and B respectively.
- Average BSL was 8.5±0.8 mmol in Group A and 8.1±0.28 mmol in Group B (p=0.02)
- The percentage of BSL readings >10.0mmol/L was 12.1±7.8 in Group A compared to 8.2±7.8 in Group B (p=0.04)
- The percentage of BSL readings >12.0mmol/L was 8.9±2.5 in Group A compared to 4.8±2.8 in Group B (p=0.04)
- More patients in group A required insulin (n=26) compared to Group B (n=17) (p=0.02)
- Average units of insulin/ day in Group A was 61.5 ± 2.9 and in Group B was 37.9± 2.2 (p=0.1)
- When data was adjusted for diabetes statistic significance of above results were lost however the trend toward lower BSL and insulin use in Group B remained.
- CVC infection and sepsis rates were similar between groups

Discussion
Whilst average BSLs were similar between both groups, Group B had significantly less episodes of elevated BSLs and required less insulin compared to Group A. When the data was adjusted for the presence of diabetes, statistical significance was lost, however, this may be due to the small number of total patients which is a limitation of the study. The results of this study support the change to a PN formulation with reduced glucose calories and increased lipid calories.

References
STROKE EDUCATION: IMPROVING INFORMATION PROVISION FOR STROKE SURVIVORS AND THEIR FAMILIES

Jocelyn Irvin - Occupational Therapist
Jenelle Collins - Speech Therapist
Carol Gore - RN Div 1

Staff on Golf Links Road Rehabilitation Unit 1 identified that there was no intentional stroke education occurring for patients and their families. The National Stroke Foundation Guidelines for Stroke Recovery and Rehabilitation highlight the importance of provision of timely information and education from the multidisciplinary team. They also acknowledge that information provided in an educational context can be more beneficial than written information.

Six-weekly Stroke Information Sessions were piloted on the ward. Presentations were made by representatives of the multidisciplinary team and information was supplemented by Stroke Information Folders. Those who attended the Information Sessions and staff involved, completed Feedback Forms. Subsequently the session’s content was revised and the method of delivery was improved.

Using the new model of delivery, sessions are now conducted monthly and with less demand on staffing. The Session has also now been conducted at Rosebud Rehabilitation Unit, and Stroke Information Folders are available to all patients following stroke across Peninsula Health. The program is now due for review and future aims include the roll-out of this program to other Peninsula Health services, and advances in ensuring consistent and timely provision of stroke information across the continuum of care.
IMPLEMENTATION OF BEST PRACTICE FALLS PREVENTION ASSESSMENT AND EDUCATION IN RESIDENTIAL AGED CARE

Joanne Crowe - Occupational Therapist
Sharon Kensell - RN Div 1
Jenny Chapman - Social Worker

Introduction
ROSS introduced a portfolio model of Best Practice Falls Education as an extension of the existing Falls service, to Residential Care Facilities (RCF’s) in the Peninsula Health catchment area. This was instigated following identification of gaps in service delivery and education in RCF’s.

Aim
To implement Best Practice Falls Prevention assessment and education in RCF’s to help reduce the number of ED presentations as a result of falls from RCF’s.

Methods
“Gap analyses” were conducted with RCF’s before commencement and after completion of education. Education was planned using these results. A retrospective audit of medical records was carried out looking at ED presentations, pre & post implementation of Falls Prevention Assessment and provision of education. The gap analyses and audit results were used to evaluate the success of this model.

Results
Peninsula Health statistics show that up to 35% of RCF resident ED presentations were as a direct result of a fall. Preliminary data shows that in the first 12 months of education and assessment, there has been a reduction in these presentations to ED.

Conclusion
To date, ROSS has engaged 50% of the RCFs on the Peninsula, and further training is scheduled to continue. Anecdotal feedback and preliminary analysis, indicates that this model is having a significant impact on reducing the number of post fall hospital admissions.
ACCESSING CARE IN YOUR COMMUNITY – A PRELIMINARY INVESTIGATION OF THE CLIENTS’ KNOWLEDGE AND UTILISATION OF AMBULATORY CARE SERVICES

Angela Dean - Occupational Therapist
Deidre Burgess - Occupational Therapist

Introduction
In May 2006, we applied for and received a grant from SMICS (Southern Melbourne Integrated Cancer Service), project titled “Accessing care in your community – A preliminary investigation of the clients' knowledge and utilisation of ambulatory care services.”

Aims
The project’s main aim was to identify ambulatory care services service gaps for clients attending Chemotherapy Day Unit (CDU). A subsequent aim was to improve access to ambulatory care by enhancing referral processes to meet the functional needs of people diagnosed with cancer.

Methods
A cross-sectional prevalence study was completed with a sample size of 58 participants from the CDU. Of these 13 were excluded, therefore 45 subjects completed the full questionnaire and signed informed consent. Five data collection tools were used: (i) Community Resource survey, (ii) typical day time-use study, (iii) Modified Barthel Index, (iv) Activities of Daily Living Screening Tool and (v) the ECOG Performance Status Scale. Two of the scales are standardised and the others were purpose designed for the project. A comprehensive literature search was completed in relation to “the functional needs of cancer patients.” Data analysis was completed by a biostatistician from the Australasian Cochrane Centre, Monash Institute of Health Services Research.

Results
Key results from the project and literature review are summarised into the following four themes:

- 30% of the study participants had unmet functional needs
- Rehabilitation is beneficial to cancer patients
- Participants diagnosed with cancer have limited knowledge about ambulatory care services
- A valid and reliable screening tool is urgently required to meet needs of clients diagnosed with cancer.

Conclusions
Results identified that 30% of cancer patients at Peninsula Health had unmet functional needs that highlight the urgent need for appropriate referral to ambulatory care services. Therefore a screening tool has been developed to assist nursing staff in the CDU to identify client’s functional needs as well as education on the referral processes to ensure that this client group have their needs met by appropriate services.
IS IT POSSIBLE TO ACHIEVE SAFER USE OF MEDICATION BY UNDERTAKING A MEDICATION SAFETY PROJECT?

Guy Wilkes - Pharmacist

**Aim**
To determine if a Medication Safety Project can achieve change in practice for the safer use of medication.

**Methods**
The Rehabilitation, Aged and Palliative Care Service established a Medication Safety Committee to supervise and direct medication safety initiatives. A Project Officer was appointed to carry out activities and chair three medication action groups. Each action group focuses on a specific area of the medication management continuum; prescribing, supply and administration. The Project Officer works with each of these groups to develop safer practice and to implement change.

**Results**

**Prescribing**
The following changes have occurred; (1) clinical decision support for e-prescribing has been enhanced to reduce error risk, for example, the number of Oxychodone dose prescribing errors has been reduced from 3.9% to 0.3%; (2) adherence with legal requirements for telephone prescribing has increased from 33% to 60%; (3) a double checking process for all new medication charts, carried out by nursing and medical staff has reduced the number of transcription errors reported from 1.25 per month to 0.

**Supply**
Drug storage has been reviewed. An imprest system was introduced on one ward. The layout and storage of medications on drug trolleys was standardised and simplified across all wards.

**Administration**
A portfolio model of care was established to enhance nursing practice. By training, empowering and supporting nurses to be responsible for the portfolio of medication safety on their ward, the Project Officer was able to improve patient care by (1) reducing reliance on imprest and standardising procedures for obtaining and stocking drugs; (2) enhancing reporting and investigation following adverse medication incidents and (3) establishing a procedure to facilitate self administration of medication by the patient.

A suite of Clinical Procedures for Medication Management was developed and adopted. Training for all Division 1 nurses has been arranged, with focus on the adherence to procedure as a means of preventing medication errors.

**Conclusion**
The Medication Safety Project has achieved safer use of medication in a number of key areas across the medication management continuum.
SKIN TEAR MANAGEMENT AT PENINSULA HEALTH

Fiona Butler – Registered Nurse

Skin Tears are a common injury to the elderly person and managed in a variety of ways, some dressings result with further skin loss when removed due to strong adhesives. A literature search revealed there was little research into best practice in skin tear management.

The Skin Integrity and Wound Management (SI & WM) Working Party decided to evaluate the dressings commonly used at Peninsula Health to improve skin tear management. The criteria was to find a dressing product that did not traumatised fragile skin or extend the skin tear on removal, minimal intervention/dressing changes, comfortable and cost effective.

The sample was made up of inpatients or residents who had sustained a new/fresh skin tear. Each of the 5 dressings had 6-8 evaluations and 2 dressings met the criteria. The SI & WM Working Party selected the silicone dressing as the standardised dressing for skin tears within Peninsula Health.

Resulting from this study, has been the introduction of a skin tear prevention and management clinical procedure, skin tear management chart, ward posters, new dressings and protective tubular bandage to Supply stock.

A satisfaction survey and audit showed 94.7% of nursing staff approved the chart and 70% compliance respectively.
FEASIBILITY OF THE LOW BACTERIA DIET AT FRANKSTON HOSPITAL

Eliza Jervis-Read - Dietitian

Introduction
A potential side effect of chemotherapy is neutropenia which results in an increase risk of sepsis. At Frankston Hospital patients who are neutropenic are placed on a low bacteria diet (LBD). The original aim of this was to reduce the risk of food borne bacterial infections and therefore sepsis. There is little evidence that this diet reduces the rate of infection in neutropenic patients. Considering the amount of malnutrition, food aversions and gastrointestinal side effects in these patients less restrictive guidelines may be better tolerated.

Aim
To investigate the evidence supporting the LBD in reducing the rate of infection in neutropenic patients.

Method
1. A literature review of articles covering the LBD and the feasibility of its use in chemotherapy neutropenic patients.
2. Bench marking of similar institutions, government organisations and dietetic experts in the field.

Results
Minimal evidence available. Two recent (2006) studies have shown that no evidence exists for the low bacteria diet reducing the rates of infection. Many Australian institutions servicing neutropenic patients either have no dietary restrictions or follow the Food Standards Australia and New Zealand (FSANZ) guidelines for preventing Listeriosis.

Conclusion
Until there is good evidence for the effectiveness of the LBD in reducing clinical sepsis its use is unsubstantiated.

It is recommended that the FSANZ Listeria Food Safety Guidelines be implemented in place of the LBD for neutropenic patients at Frankston Hospital. Best Practice is evidence based.
INTRODUCTION OF A ‘PROTOCOL FOR CONSTIPATION MANAGEMENT’ AT JEAN TURNER NURSING HOME AND LOTUS LODGE HOSTEL.

Karen Edis - Dietitian

Background
Constipation affects as many as two out of three residents in Aged Care facilities. While there is evidence to support the use of dietary fibre in the prevention and treatment of constipation, pharmaceutical laxatives and enemas are prescribed for the majority of long-term care Residents.

Objective
To determine whether daily inclusion of a fibre supplement and pear juice would decrease laxative usage and assist in improving bowel function of residents experiencing constipation.

Methods
A ‘Protocol for Constipation Management’ was developed incorporating: a High Fibre diet, 150ml of pear juice Bd and 2 tablespoons of ‘prune, apple and bran mix’ daily. Audits of aperient usage were conducted before and after introduction of the protocol. Utilisation and adherence to the protocol were also reviewed.

Results
Audits conducted at Jean Turner Nursing Home reflect a downward trend in aperient usage following introduction of the protocol. Aperient usage data for Lotus Lodge was incomplete. 25 Residents had commenced on the protocol (34% of total Residents). Adherence to protocol guidelines was variable.

Conclusion
Implementation of a ‘Protocol for Constipation Management’ may have reduced aperient usage. The protocol will continue to be implemented with further staff training to improve utilisation and adherence to protocol guidelines.
HEALTH NEEDS OF WOMEN FOLLOWING HEART EVENT: WHAT ARE THE ISSUES AND STRATEGIES AIMED AT ADDRESSING THESE?

Lynn Murdoch - Registered Nurse

Heart disease is the number one killer of women in Australia. In 1998 the National Heart Foundation reported 5 times more deaths from cardiovascular disease in women than from breast cancer. Understanding of risk and ability to reduce this and promote protective behaviours is an important health need for women. Attendance at cardiac rehabilitation programs after a cardiac event offers women an opportunity to address this health need.

However, after a heart event women’s participation rates at cardiac rehabilitation (CR) programs have traditionally been low (Worcester et al, 2004). The reasons for this include perceptions of women’s role as carer with personal needs prioritised last, older age of women at first presentation of heart disease and under referral to programs.

In response to this women have been targeted by Peninsula Health CR service with the aim of increasing attendance at initial assessment. Women are then given encouragement to attend and complete the seven week program.

Through this increased focus on women a variety of female specific issues have been identified. These include; increased referral to the service of women aged 40-55 years; women’s expressed difficulties with resumption of sexual activity stemming from both medication side effects and characteristics of relationships; lack of secure employment in this patient group and the impact of this on health care and, non-attendance of partners at CR leading to a limited understanding and support for women patients from their partners.

Strategies to address these issues have been introduced at Peninsula Health CR. This presentation will list the female specific issues that have been identified along with the responses of both the service and the women to these issues.
EVALUATING THE EFFECTIVENESS OF DIETETIC OUTPATIENT SERVICES

Melissa Sapuppo - Dietitian
Fiona Turnbull - Dietitian

Introduction
There is little published evidence regarding the effectiveness of Dietetic outpatient services. However, there is a plethora of evidence relating to the usefulness and effectiveness of nutrition education (1-6).

Aims
The aim of this project is to examine and evaluate the outcomes of nutrition education provided through Dietetic Outpatient services across Peninsula Health.

Methods
A questionnaire comprising 29 questions was developed that assessed client confidence, self efficacy, activity, eating behaviours, stage of change and perceived goal progression. This was given to patients referred for lifestyle disease education prior to their initial one-to-one interview with the Dietician, and repeated at one month and three months after the initial interview. Completed sections of the questionnaire assessing client confidence, self efficacy, activity, eating behaviours, stage of change and perceived goal progression were compared where clients completed two or more questionnaires.

Results
Of the 53 clients initially interviewed, 46 clients completed two or more questionnaires. Significant changes were found over the initial one month period for clients perceived goal progression, and over the three month period for eating behaviours, stage of change, and perceived goal progression. No significant changes were found for confidence levels, self perception or physical activity.

Conclusions
Dietetic outpatient services at Peninsula Health are effective at positively influencing eating behaviours, stage of change and clients perceived progression towards their nutrition goals. However, alternative methods may need to be sought to effect change in other areas such as confidence levels, self perception and physical activity in light of the constraints of outpatient settings.

References
1. RL Thompson, CD Summerbell, L Hooper, JPT Higgins, PS Little, D Talbot, S Ebrahim. Dietary advice given by a dietitian versus other health professional or self-help resources to reduce blood cholesterol. Cochrane review. 2003
EMERGING ATTITUDES TO PREGNANCY, BIRTH, BREASTFEEDING AND PARENTING

Jane Toohey – Registered Nurse

Introduction
The purpose of this research was to conduct an evaluation of the ‘Core of Life’ program. This teenage pregnancy prevention program was developed in response to a high incidence of teenage pregnancy on the Mornington Peninsula by two Peninsula Health midwives, Debby Patrick and Tracy Smith. The program offers interactive education about pregnancy, birth, breastfeeding and parenting to year 10 secondary students. The program is unique as it utilises midwives to facilitate the sessions.

Aim
• To evaluate the program structure, content and delivery for future improvement.
• To assess whether the objectives were achieved.
• To provide information to the community and interested groups.
• To increase the depth of research into teenage pregnancy prevention.
• To provide information to funding bodies.

Methodology
The evaluation adopted a descriptive survey design with a triangulation approach of methodologies and data. Qualitative and quantitative analysis was performed from four data collection tools. The sample size of students was 1626 from 37 secondary schools and 164 Educators/Coordinators. There were also 228 facilitators who completed a training workshop evaluation and 88 facilitators returned a follow up facilitator evaluation.

Results
The results revealed that the program was very well received by the students, educators and facilitators. An in depth evaluation was conducted in regard to the role of a midwife as a facilitator of a teenage pregnancy prevention program, and also the male perspective into the perceived value of the program. Valuable information was obtained to further understand the needs of the teenage population and education about these issues.

Conclusion
The Core of Life program was disseminated across the nation and it has also been commenced as a unique program in the Northern Territory. The potential for Core of Life to expand internationally is supported by the positive results of this evaluation.
NUTRITION/POST COLORECTAL SURGERY

Lisa Schneider – Dietitian

Introduction
Fasting patients for long periods postoperatively after gastrointestinal surgery is common surgical practice (1). Post-operative starvation leads to weight loss and malnutrition, and can increase length of stay (2). There is substantial evidence that early feeding after colorectal surgery is safe and beneficial (3,4). The aim of this project was to examine the hypothesis that early feeding in patients after colorectal surgery would result in earlier hospital discharge and improved nutritional intake.

Study Design
This prospective trial enrolled ten patients undergoing elective colorectal surgery at Peninsula Health over a three month period. Five patients received a nasojejunal tube in theatre for enteral feeding within 24 hours of their procedure (enteral group), and five patients received clear fluids from 4h post-operatively and full ward diet from post-operative day one (oral group). Ten consecutive historical control patients undergoing lower bowel surgery were enrolled via case notes analysis (control group). The primary endpoint was length of stay (LOS).

Results
Seven out of ten patients completed the trial with no adverse effects observed. Early oral feeding (oral group) compared to standard management (control group) led to significantly earlier hospital discharge (5.5 days compared to 9.3 days, p=0.023), faster recovery of bowel function (measured by bowels opening, oral = 2 days, control = 4 days) and significantly greater nutritional intake (measured by commencement of oral diet, oral and control groups 1.25 and 5.6 days respectively, p=0.004). Early oral feeding was significantly more beneficial than early enteral feeding (enteral group) in all outcomes measured.

Conclusion
Early oral feeding significantly reduced LOS and contributed to a more adequate nutritional intake. No adverse effects were noted in any patients who received early nutrition, and the cost savings achievable from a reduction in length of stay as well as improvements to nutritional status in patients all support the need for a review of an early feeding policy.

References
HAND HYGIENE COMPLIANCE IN A VICTORIAN MULTI-CENTERED STUDY

Kaye Bellis – Registered Nurse

Purpose
To assess and improve Hand Hygiene (HH) compliance across 6 Victorian hospitals (4 metropolitan, 2 regional) as part of a multifaceted HH culture-change program with the overall aim of reducing nosocomial methicillin-resistant staphylococcus aureus (MRSA) infections.

Method
A validated HH observational tool was used to measure HH compliance in study wards in each hospital before and after the introduction of an alcohol-based handrub (ABHR). Healthcare workers (HCW) were observed by trained personnel for a minimum of 720 HH opportunities per ward for each time period. These time periods were defined as pre-intervention, 3-6 months, 12 months, 18 months and 24 months. Other interventions included feedback of HH compliance, product supply, education and involvement of staff in a comprehensive culture-change package.

Conclusions
This multi faceted culture change program including the introduction of the ABHR has been effective in improving HH compliance. All pilot sites have markedly improved since the pre intervention period with observations (currently still underway), ongoing education and activities being undertaken. The big question now is sustainability.
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