

# A WHOLE NEW BALL GAME

HEALTH INFORMATION  
FOR AUSTRALIAN MEN  
ISSUE 23 // MAY 2014

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with Associate Professor  
Gary Richardson

# QUESTIONS FOR THE QUACK

Welcome to Edition 23 of the Whole New Ball Game; the Foundation 49: Men's Health magazine. This issue highlights some of the amazing advances in technology and how these assist with diagnosing, treating and supporting patients along their health journey. Think about how genetics may influence health into the future, the advances since the Human Genome Project and the opportunity this creates to determine 'faulty genes' and how we can fix them.

Marcus Padley – a well known financial and business commentator – tells us about his health journey and how he made a decision to take responsibility for improving his own health and wellbeing after suffering a serious heart condition.

Some innovative medical and surgical specialists take us into 'their world', where the incredible technology they use is

revolutionising diagnosis and treatment of complex medical and surgical procedures.

A nutrition section provides guidance about accessing reliable internet sites for food advice – but what about activity? LifeRide, our health promotion partner, offers some great suggestions for those interested in cycling as a way of keeping fit and having great social interactions.

Foundation 49: Men's Health is holding the Annual Business Breakfast on Wednesday 11 June 2014 at 7.30 during International Men's Health Week (9–15 June) at the RACV Club in Melbourne. Please join us at this event either individually or book a table, enquiries 9508 3549 sponsorship packages are available. Don't miss out on this great event during the most important week in the year for Men's Health.

Live Long, Live Well. Cheers, Gary

## Foundation 49 Men's Health

LIVE LONG. LIVE WELL.  
WWW.49.COM.AU

Foundation 49 is funded through your donations and special events. For more information or to make a donation, please call (03) 9508 3549 or visit [www.49.com.au](http://www.49.com.au)

Foundation 49 is an initiative of Cabrini.  
Thanks to Cabrini for its ongoing support.

This magazine contains general health information and does not take the place of regular medical advice and treatment from a GP. We recommend all men consult a doctor or health professional for a thorough personal examination on a regular basis.

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Foundation 49 Patron,  
Former Governor of Victoria  
Professor David de Kretser, AC



### PHILIP 59 ASKS:

I am a bloke who has been diagnosed with and is in the process of being treated for breast cancer – a bit of a shock initially, as I didn't think it was a bloke's cancer. I have heard that there may be a genetic link, which means I may have handed down genes to my kids, which may put them at future risk – is this the case?

It may come as a surprise to most men to learn that they can develop breast cancer. While breast cancer is uncommon in men, it's important for men who find a change in their breasts, not to let embarrassment or uncertainty prevent them from seeing their doctor without delay. Early treatment improves your chance of cure.

Men who develop breast cancer have a higher risk of carrying specific genes that cause cancer: *BRCA1* and *BRCA2*. Men who carry *BRCA2* mutations are also at increased risk of prostate and pancreatic cancer. Furthermore, they may pass the gene on to their children, who also develop increased risk of developing cancer.

So not only should you have lumps in the breast taken care of quickly, you should consider genetic testing. This involves being seen in a Family Cancer Clinic, such as that at Cabrini Hospital ([www.cabrini.com.au](http://www.cabrini.com.au)). It involves answering a series of questions regarding your family history of cancer and then a consultation with a genetic counsellor and medical oncologist who specialises in inherited cancers. A blood test is then taken for genetic sequencing analysis, and a discussion occurs when the results are completed.

If you have further questions about genetic testing, please contact our counsellor, Lynne McKay at [lmckay@cabrini.com.au](mailto:lmckay@cabrini.com.au)

### JOHN 35 ASKS:

I am a typical bloke who rarely visits the doctor and have not been as proactive with my health care as I could have been. Some of my mates have phone apps which remind them to eat healthy food, do more exercise etc. Are these a good idea or just another trap so you spend money on unscientifically tested technologies, linked to food supplement and additive producers?

There are multitudes of apps for phones currently available which does make it very confusing. Some good aspects of these apps include them being a 'reminder', or in some people a 'conscience', alerting them to the necessity to reduce or increase eating certain foods and to be more active. However, you are quite right to question the validity and credibility of the information supplied by some apps. Government sites that provide evidence based advice are a good starting place. Try the 'Better Health Channel' which is available for free from the app store.

However being aware of what you are eating, e.g. fresh nutritious food, and undertaking at least the minimum recommended exercise of 30 minutes a day is your best bet for keeping fit and well.

FOR MORE INFORMATION  
[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

ASSOCIATE PROFESSOR  
GARY RICHARDSON  
CHAIRMAN, FOUNDATION 49

# MARCUS PADLEY TALKS ABOUT FINANCE AND LIFE



**Marcus Padley is a stock broker, founder, author, owner and writer of the Australian stock market newsletter 'Marcus Today'. He is also well known as a regular ABC TV and radio business commentator, well known for 'telling it as it is' no matter how confronting. He also fulfils this commitment in his regular articles in the Australian Business press where he came to our notice masterfully combining 'finance with life'.**

Marcus has a Masters of Applied Finance, is a Master of the Stock broking Association of Australia, has four kids but claims to be the "Master of none".

**"It's quite nice having a day off and waking up to a nice hot cup of tea and being told you don't have cancer"**

Marcus at 52 tells us about his atrial fibrillation. "No one seems to know how atrial fibrillation starts but I reckon it came on during an Australia versus England Rugby match at Telstra stadium in 2003. Although the doctors tell me it is unlikely, I was singing 'Jerusalem' at the top of my voice and my chest sort of prolapsed" he said "But it was worth it. My heart carried the English Rugby Union side to a 20–17 victory."

In 2005 Marcus had an atrial fibrillation ablation – he says "You know that bit where you're lying in a hospital bed and you wake up and the doctor walks in to tell you how it went? The bit where he says 'It went fantastically, you're cured, go home'. Well I didn't get that, instead, after four hours of fiddling about in my heart via my groin, I got – You've got very big veins haven't you?' and 'You know, some people come back and have this procedure twice".

"In other words, I thought, I'm stuffed! I wasn't as it turned out but I took a decision after that, I could do one of two things. I could either wrap my heart in cotton wool for the rest of my life, or I could treat it as a muscle and work it out. I decided on the latter".

Marcus took up martial arts and almost ten years later is now a black belt in Shukokai Karate, has run a marathon, regularly runs half marathons with his wife Emma ("We could run a half marathon falling out of the pub" he says), works out relentlessly and is about as fit as he's ever been.

Marcus says everyone needs a 'mortal moment' in their life to realise just how precious it is and how finite. "It was only

after thinking I was going to die, that I started to really live. In particular I really started to soak up my wife and kids. I also began to notice the people around me that had already 'sussed' the value of life and were hell bent on enjoying it. Emma for instance, what an incredibly positive person, she never looks back, always looks forward. In twenty three years of knowing her, my friends and I have never ever known her to burden anyone else or unlike me, sulk – She knows!"

Marcus's mother died of cancer when she was 60, his father got bowel cancer at 70. "That was a lesson" he says. "I didn't know my Mum's age until I read it on her coffin. I didn't know she had cancer until she was on morphine. Some people are just too private to get cancer. It wasn't diagnosed until far too late. With my Dad they caught it before it got through the bowel wall so apart from an unsightly scar which he no doubt hates, he is OK now. But if it wasn't for my brother, a top radiologist in London and his insistence that Dad's 'feeling weary' might be something more terminal, I'd have found out his age from his coffin as well."

Marcus says "They say someone of my age should have a colonoscopy every three years but I lie about it and have them every two. It's only fair on Emma and the kids and anyway, it's quite nice having a day off and waking up to a nice hot cup of tea and being told you don't have cancer."

Marcus Padley is a stockbroker and the author of stock market newsletter *Marcus Today* – [marcustoday.com.au](http://marcustoday.com.au)





# ROBOTIC SURGERY

**BY DR DANIEL MOON**

DIRECTOR OF ROBOTIC SURGERY,  
EPWORTH HOSPITAL

CONSULTANT UROLOGIST, CABRINI HOSPITAL,  
PETER MACCALLUM CANCER CENTRE



Dr Daniel Moon is the Director of Robotic Surgery at Epworth Healthcare and a urologist with particular expertise in laparoscopic and

robotic surgery, the management of prostate cancer and complications of its treatment.

Dr Moon has performed over 1000 major laparoscopic +/- robotic procedures, established a robotic partial nephrectomy program at Peter MacCallum Cancer Centre, and convenes the popular biennial National Kidney and Bladder Cancer Symposium.

## SO WHAT DOES THIS ALL MEAN TO THE EVERYDAY BLOKE?

A patient undergoing surgery would prefer their operation is performed through the smallest possible incisions with the greatest precision, minimal blood loss, the least possible pain afterwards followed by a speedy recovery.

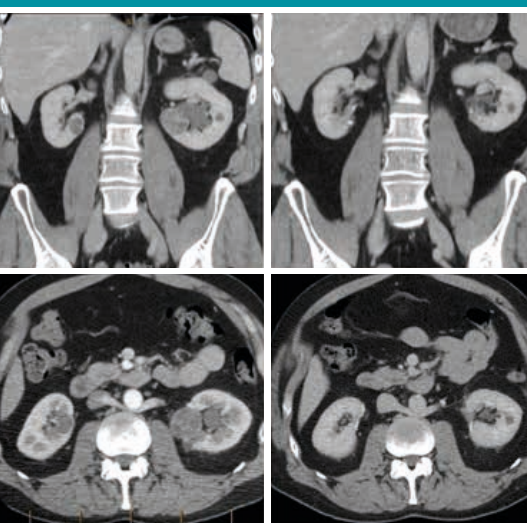
Ten years ago robotic surgery was introduced to Australia with the aim of achieving these goals, the first case being performed in Melbourne, in late 2003. Over the subsequent

decade this technology has had a profound impact on the surgical landscape across the country, particularly for men with prostate cancer; for example in Melbourne now most surgery for removal of cancerous prostates is performed robotically and across Australia over 4500 robotic surgical procedures were performed in 2013.

## FROM KEYHOLE SURGERY TO ROBOTICS

Rather than hand-held instruments, robotic arms are inserted, or 'docked' into keyhole incisions. Instead of standing next to the operating table, sometimes holding instruments at awkward angles, the surgeon is seated at a 'console' which receives high definition digital, magnified 3-dimensional vision fed from the binocular robotic telescope.

Instruments controlled from the console are 'wristed', with all natural tremors from the surgeon's hands eliminated. With this technology, operations thought previously unsuitable for keyhole surgery can now be performed with easier access and better vision for the surgeon than the traditional open and laparoscopic approaches.



**Figure 2**  
CT scans of a patient with cancers in both kidneys: on the left the tumours can be seen within the lower half of the kidney in a central location. On the right, scans taken six months after robotic surgery demonstrate successful removal of these cancers with both kidneys preserved.



**Figure 3 (Methods of training surgeons in robotic surgery)**  
D: using the robotic system to practice on an anatomical model  
E: A "dual console" allows surgeons to experience the 3-dimensional view and exchange instruments with the operating surgeon

Table 1. Operations that can be performed using robotic surgery

SPECIALTY	CONDITION	OPERATIONS
Urology	Prostate cancer	Radical prostatectomy
	Kidney cancer	Partial or total nephrectomy
	Bladder cancer	Radical cystectomy
	Obstruction to kidney	Pyeloplasty
Gynaecology	Uterine cancer	Radical hysterectomy
	Uterine fibroids	Myomectomy, simple hysterectomy
	Prolapse	Sacrocolpopexy
Cardiac	Mitral valve prolapse	Mitral valve repair
General surgery	Bowel cancer	Anterior resection
	Thyroid gland tumours	Thyroidectomy
	Obesity	Gastric bypass surgery
Thoracic surgery	Tumours in the chest	Thymectomy, partial lung resection
Ear, nose and throat	Tumours of the tongue, throat	TORS (trans-oral robotic surgery) tumour excision



Table 1 lists some conditions treatable using robotic surgery, although this list continues to grow as new applications are developed. Radical prostatectomy, or removal of the entire prostate gland for cancer, is by far the commonest procedure performed using this technology in Australia, accounting for over 90% of robotic procedures currently. Given this is the commonest male cancer and surgery can lead to significant urinary and sexual side effects, robotic surgery has been particularly well suited to an operation that requires millimetre by millimetre dissection around erectile nerves and the continence mechanism in the depths of the pelvis, then a meticulous reconstruction of the urethra to the bladder.

In some cases robotics has rendered complicated keyhole operations easier to perform, whereas in other areas it has led to the development of new keyhole procedures that would previously not have been possible with conventional laparoscopy. Another example of an exciting new application of robotics is for certain base of tongue and throat cancers. To reach such tumours by conventional surgery requires breaking the jaw in the midline which is then opened like a book – such a morbid approach can now be avoided by manoeuvring the fine robotic instruments down the throat which can reach and remove the tumours using a far simpler and less invasive method.

Additional benefits include the use of this technology for teaching. Much like a flight simulator trains airline pilots, the robotic system can be used by trainee surgeons on anatomical models or computerised simulators.

In the rush to adopt such exciting new technology, of paramount importance is maintaining safety for patients throughout

the learning curve of surgeons and the development of new procedures. This has been highlighted overseas where access to robotics is more readily available, and it is clear that outcomes are best in the centres where surgeons are well trained and perform a high volume of cases.

### WHAT ARE THE RESULTS?

Radical prostatectomy has been the most well studied robotic procedure, with improvements in hospital stay, blood loss and post-operative complications consistently shown [1]. A recent review of over 5000 Victorian radical prostatectomies confirms this, revealing reduced hospitalization for robotic surgery compared to open procedures (private centres 3.1 vs 5.7 days, public centres 1.7 vs 4.8 days) and far less blood transfusions (private centres 2% transfused after robotic surgery vs 17% after open surgery, public centres 0% vs 15%)[2]. Surgeons would generally agree that the important long-term outcomes of cancer control, and urinary/sexual function recovery remain most dependent on the skill of the surgeon rather than the surgical approach used, although recent systematic reviews comparing open and robotic surgery have reported improved results with robotics [3,4].

One of the features of the robotic system is being able to project diagnostic images (eg ultrasound, CT, MRI scans) into the console whilst operating to precisely map out the anatomy of tumours or blood vessels in real time. This has allowed removal of cancers from kidneys that would previously have been removed or required open surgery (Figure 2), and we have recently collaborated with other centres from Europe, USA, and Asia to demonstrate the significant improvement in surgical outcomes using this approach [5,6].

### WHAT IS THE FUTURE?

The marriage of surgery and computerized technology has led to a revolution in laparoscopic surgery as we strive to improve outcomes for patients. At the end of the first ten years in Australia two things are certain: robotic surgery is not only well established but is steadily replacing other forms of surgery in certain areas; and we are only at the beginning of a new era in minimally invasive surgery.

#### Dr Daniel Moon

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# IS THE INTERNET CHANGING YOUR FOOD CHOICES?

**Our diets and health are heavily influenced by our surroundings and the technology driven world of today has provided us with a food and nutrition environment that has us bombarded with constant messages about what we should or shouldn't be eating. We may have learned how to effectively ignore daytime infomercials or mailbox drops, but the way we receive information about our nutrition has changed and the frequent messages have become more integrated with our daily activities. We view ads targeted directly to us on our email pages, receive articles via social media from friends about recent nutrition fads, download the latest food app onto our phone or browse for advice on legitimate and indiscriminate websites alike.**

The American Dietetic Association published results of their 2011 survey, indicating that besides television, the internet was increasingly becoming the most important source of nutrition information for those aged 18–54, this source quickly taking over from magazines. While current data is not yet available, it is probable that since that time, the number of people accessing nutrition information via their laptops and smart phones has increased yet again.

'Dr. Quacks' are unlikely to refer to themselves as such, making it very difficult to decipher the qualifications of experts and to sufficiently determine what their intentions might be. Many sites and smart-phone apps do provide reliable information however many others do not. Some may be well-intentioned yet inaccurate, while others provide highly dubious nutrition and dietary advice, often with the intention of selling a product or service. Unfortunately, this constant bombardment of information and a lack of internet regulation can become highly confusing and our ability to differentiate between accurate and questionable information is challenged.

In Australia we have many reliable organisation's providing excellent nutrition resources for the public

including Nutrition Australia, the National Health and Medical Research Council, Diabetes Australia, Dietitians Association of Australia and the Australian Institute of Sport to name a few. Be skeptical of what you are reading on the internet and question what the motives of the author might be. If something sounds too good to be true then it probably is – it is unlikely that this is the only person or company in the world who has discovered a breakthrough in dietary health.

Creating mindful techniques around the way we evaluate internet sites is important. Some tips for browsing more effectively:

- Think critically about what you are reading and try to decipher what may be the purpose of the website – is it educational, non-profit, government, a private company or personal? Looking for URL endings such as .gov, .org or .edu can be a good way to start this.
- Who wrote the page and when? What are their credentials? An email address attached to the author is not sufficient to assess their expertise in this particular topic area.
- Is this site linked to other sites or has anyone referenced this page? The quality of others endorsing this information can be important.
- Is the information referenced by quality research and are the links to these available?
- Does the authors name appear in a google search and what other information can you find out about the legitimacy of this person?
- Are your hopes of finding a particular answer clouding your interpretation of the information?

**Charlotte Miller APD**

0434 066 417

[www.foodandjoy.com](http://www.foodandjoy.com)

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“Be skeptical of what you are reading on the internet and question what the motives of the author might be. If something sounds too good to be true then it probably is”





## CYCLING HEALTH AND TECHNOLOGY

Cycling sometimes gets bad rap. MAML (Middle Aged Men in Lycra) has made it into the public consciousness, but unfortunately there is often a negative undertone to the use of the acronym. But MAML's fear not, you are doing a terrific job at improving your health and encouraging other men to do the same. You are also making a substantial contribution to economic activity through your penchant (and capacity) for expensive cycling equipment. Can there be a more significant contribution being made to the advancement of Australia's socio-economic standing!

To be more specific, and a little more serious, the physical benefits of regular cycling activity are well established. Cycling improves strength and endurance, controls weight, builds healthy muscles and bones, increases self-esteem, reduces anxiety and may improve cholesterol levels and blood pressure. Just as importantly, cycling has far reaching mental benefits including the promotion of social interaction – more so than most sports. Studies have shown that men with the most social interaction were healthier, happier, and had greater longevity.

Technology is playing its part in the growth of cycling activity in Australia and globally. There are a number of applications and websites helping to promote communities amongst the cycling fraternity. A well known, and used, application is STRAVA. STRAVA enables cyclists to post their ride data for others to see. It enables like-minded riders to form groups and facilitates interaction amongst the group. STRAVA taps into a person's competitive spirit by segmenting ride data and creating ranking systems for each segment, which then enables

cyclists to compete against each other for the fastest time, or most powerful output. Interaction through STRAVA tends therefore to be based on a competition amongst the members. And this is appealing to many cyclists. For others, who are more interested in participation, there are other websites/applications in development that will meet these preferences.

Collectively, these technologies are catering for a broad range of cycling requirements and bringing more men onto the roads and bike paths to enjoy the physical and social benefits cycling has to offer.

LifeRide is an active supporter of Foundation 49: Men's Health and technologies that help promote and facilitate involvement in cycling and make a substantial contribution to improving health outcomes for men. You can find us at [www.liferide.com.au](http://www.liferide.com.au). We look forward to seeing you on the road or the coffee shop!

**Alistair McCreadie**





# THE WORLD OF NEUROSCIENCE

**Cabrini neurosurgeon Professor Gavin Davis says – “there are amazing new and improved technologies to assist us to perform incredibly complex procedures for patients and this can translate into faster recovery and better outcomes”.**

## **FRAMELESS STEREO TAXIS**

Stereotactic surgery or ‘stereotaxis’ is a complex navigation system like a GPS for the brain. This makes use of a three-dimensional (3D) coordinate system which enables the neurosurgeon to accurately localise lesions or targets within the brain, for example brain tumours.

In theory, any organ system inside the body can be subjected to stereotactic surgery. However, difficulties in setting up a reliable ‘frame of reference’, for example bone landmarks which bear a constant spatial relation to soft tissues, can be problematic. This means that its applications have generally been limited to brain surgery.

Modern stereotactic planning systems are computer based, and match the computer (virtual) model of the brain (based on CT or MRI Images) with the (real world) brain. This state of the art technology allows accurate targeting of the lesion, which reduces injury to adjacent normal tissue, and minimises the size of the skin incision, and reduces the operating time.

## **INTRAVENTRICULAR ENDOSCOPY IN THE BRAIN**

The brain has a number of cavities called ventricles, which are filled with cerebrospinal fluid (CSF), a clear liquid that helps cushion the brain. Lesions that block the flow of CSF within the ventricles result in hydrocephalus, which is significant dilatation of the ventricles. Some of the lesions that block CSF flow can include fibrous webs, tumours and abnormal blood vessels.

Traditionally lesions in the ventricles were treated by large operations with opening the skull, or by placing plastic tubes to bypass the CSF blockage. With endoscopic procedures, a thin tube called an endoscope is inserted into the brain through a keyhole incision atop the head. The endoscope contains a light and high-definition optical camera that gives the neurosurgeon a clear view within the ventricles on a video screen. CSF blockages can be treated with the endoscope by creating new pathways for the CSF to flow, or by removing small tumours.

This procedure offers patients less risk of damage to adjacent healthy tissue and a quicker recovery, while affording surgeons a more detailed look at the surgical area and thus a better chance for a successful surgery.

## **‘O-ARM’ SCANNING TECHNOLOGY**

This is a major breakthrough allowing high definition technological imaging to be produced while the patient is ‘on the table’.

The ‘O-arm’ intra operative imaging system is a highly advanced technological imaging system. It is a multi-dimensional surgical imaging platform that is optimised for use in neurosurgery, spine, orthopaedic, and trauma-related surgeries. It provides both 3D and 2D real time images of the spine to the surgeon during the surgery.

The improved visual images help the surgeon to undertake minimally invasive surgery with ease. It also allows more precise placement of any implants when required. Additionally the scanned volume is three times larger than any standard 3D C-arm which allows visualization of the large image size in one image. An entire cervical spine can be seen in one image helping in the treatment of especially larger lesions.

The O-arm technology can be linked to the frameless stereotaxis system to improve accuracy when treating very complex lesions, and the images obtained during the operation can be merged on the computer with other images (MRI for example) created days earlier, which provides the surgeon with more options to improve image guidance during surgery.

**Professor Gavin Davis 2014**  
MB.BS.(Melb), FRACS (Neurosurgery)





Above: Nurse Jenny Silvers taking blood from patient Jeremy Pearse in Cabrini's Hospital in the Home

# TECHNOLOGY IN 'HOSPITAL IN THE HOME'

When Jeremy Pearse recently became unwell, he was delighted to learn that he was able to receive intravenous therapy in his own home, under the care of the Cabrini Hospital in the Home.

Hospital in the Home (HITH) is celebrating its 20th anniversary in Victoria, and Cabrini's Hospital in the Home unit has been established for eight years. The fundamental principle of HITH is that it allows patients to receive hospital level care in the comfort of their own homes. Not only do patients prefer to be treated at home, there is strong evidence in the medical literature to show that for selected patients it is safer than hospital based treatment.

Cabrini Hospital has shown great innovation in embracing technology to improve patient care and safety. In the 'old days', patient notes were hand written and pathology and x-ray results were either brought out to the bedside manually or obtained by ringing back to the hospital. Since the introduction of access to the Cabrini Viewer via iPad, the ability to access timely medical notes and results at the bedside has greatly enhanced patient care. This has now rolled out to include ordering of investigations, and will soon also involve prescribing of medication.

This reduces medication errors and greatly improves legibility! The ipads can also allow a real time consultation to occur via Facetime, with the Doctor either on the road or based at Malvern.

Another significant piece of technology that is used daily is the CADD pump. This is a lightweight, fully programmable pump that allows patients to receive complex antibiotic or fluid regimens in the community. For patients that may require long term (up to six weeks) of treatment, these pumps can be stored in a small bag, greatly increase patient mobility and only need to be topped up once a day.

Improved reliability and decreased size of other technologies has also allowed complex dressings to occur in the home, including Negative-pressure wound therapy (NPWT). This is a therapeutic technique using a vacuum or "VAC" dressing to promote healing in acute or chronic wounds. The therapy involves the controlled application of sub-atmospheric pressure to the local wound environment, using a sealed wound dressing connected to a vacuum pump.

In the future Cabrini will be introducing technology to allow the vital signs of a patient to be measured without any clinical staff present and transmitted back to the hospital to allow monitoring and further improve patient safety.

## Dr Daryl Kroschel

MBBS (Hons) Grad Dip Sp Med FRACGP  
MAICD

"Cabrini Hospital has shown great innovation in embracing technology to improve patient care and safety"

Foundation 49  
Men's Health

## JOIN US FOR BREAKFAST TO RAISE AWARENESS OF MEN'S HEALTH

All funds will go towards supporting the work of Foundation 49: Men's Health.

**When:** International Men's Health Week  
Wednesday, 11 June 2014

**Time:** 7:30am–9:30am

**Where:** RACV Club,  
501 Bourke Street, Melbourne

**Ticket prices:** Single ticket – \$100  
Tables of 10 – \$1000

**Sponsorships:** Available

**Book your seat at the table:**  
[www.49.com.au](http://www.49.com.au)

**Enquiries and bookings 9508 3549 or**  
[F49Businessbreakfast@cabrini.com.au](mailto:F49Businessbreakfast@cabrini.com.au)



# MANAGING YOUR PAIN

Living with pain is a challenge. Trevor, an Aboriginal Elder, lives in country NSW in Australia and has been working with mHealth technologies to help him manage his health and his pain.



"I grew up in Victoria, I'm 70 years of age, I've been on the land all my life, breaking horses in, fencing, droving, moving about the country and trying to learn as much as I could. I came to NSW, got married and had a family. My health has been good up till 10 years ago when I got prostate cancer but it's under control. I had a stroke. I've got a cyst in my kidney. I've got arthritis throughout. I didn't know how to control my weight. As an Aboriginal elder I had to do something to show my people you can do it if you want. I have been working with some internet based technologies to help me take control of my health issues. I have been using iPad, Fitbit and Inner Balance devices, with some guidance from a dietitian.

I've come from 102kgs down to 92kgs in the last five months. Initially I was flat out to do 4000 steps and I'm now doing anywhere from 7,000 to 10,000. I'm burning the calories and not putting as many in the mouth as I used to. Now instead of frying everything I boil most of my vegetables and eat more fruit. I'm setting my goal to a kilo a month. Using this technology I reckon could really help Aboriginal people. You can learn how to use it to become more aware and you can do it in your own home and it means you don't have to get scared of your own health. As a result you might not have to go to the doctor as often because you're more in control. Another benefit has been that doing the walking keeps the sugar level down.

What it has helped me control is the pain. Instead of reaching for extra pain killers my program helps me control my pain and my weight – I have built resistance to pain and it is much easier to manage".

**Trevor**



National Pain Week is an initiative of Chronic Pain Australia. It is held each year in the last week of July 21–27. If you would like to share your story about how you manage your pain, please go to [nationalpainweek.org.au](http://nationalpainweek.org.au)





# GENETIC TECHNOLOGY: THE FUTURE OF PERSONALISED MEDICINE

## GARY RICHARDSON

On the morning of September 20, 2030, John Giles, an 18 year old AFL draftee, visits his doctor in Melbourne. He complains of an unrelenting cough and chest pain that greatly reduce his chances of continuing to play football, and even more his ability to participate in the AFL World Cup, the largest international competition in the world in 2031. The doctor sends a blood test to the Global Inter-genomic Network (GIN), an integrated biomedical stakeholder system that links biomedical professionals around the world. Within 48 hours, a diagnostic centre based in Geneva reports a mutated CFTR gene, which could put John at high risk for cardiac arrest over the next five years; however, the doctor heaves a sigh of relief when he finds a linked referral to the Genome Research Centre in Singapore. This centre, along with a group of Indian, British, and U.S. research groups, has developed a CFTR nano-drug matching genotype similar to John's. This drug could be delivered to the pharmacy near John's residence in 24 hours through the GIN. All John needs to do is pick the prescription to make sure he is part of the AFL World Cup next year.

This all seems like "science fiction", but is not, as science is moving rapidly closer to the ability to determine what faulty genes we contain, and how we can fix them. It has all come about because of the Human Genome Project, the world's largest collaborative biological project, the goal, to determine the sequence of chemical base pairs which make up human DNA, and of identifying and mapping all of the genes of the human genome from both a physical and functional standpoint. They achieved this in 2003.

The way genes interact with each other can sometimes predispose us to developing particular diseases. Scientists have identified specific links between genes and some diseases as well as between genes and the effectiveness of some medicines or treatments. Personalised medicine uses this knowledge of genetics to predict disease development, to influence decisions about lifestyle choices or to tailor treatment to an individual. Appropriate application of personalised medicine would be expected to result in better disease prevention and more accurate diagnosis of disease. Personalised medicine could also use knowledge of the way specific genes work with medicines to tailor more effective treatment of disease for each individual.

In the last decade, scientific advances have made it possible to diagnose and treat a rapidly growing number of diseases – especially various types of cancer – much earlier and with greater precision than ever before. These developments have vastly expanded doctors' power to customise therapy, maximizing the effectiveness of drug treatments and minimizing their side effects. That's the good news. The future is closer than you think.



**“In the last decade, scientific advances have made it possible to diagnose and treat a rapidly growing number of diseases”**

**Human  
Genome  
Project**



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**Mail to:** Foundation 49: Men's Health.  
The Patricia Peck Education & Research  
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# 5 MINUTES WITH MAX WALKER



### 1. WHAT IS THE MOST IMPORTANT INGREDIENT OF A WINNING TEAM?

Apart from talent, it is the absolute commitment to the challenge (e.g. Ashes or AFL premiership). Also a respect for one another – unconditionally.

### 2. WHAT DO YOU THINK WAS THE MAIN REASON FOR THE RECENT SUCCESS OF THE AUSTRALIAN CRICKET TEAM IN THE ASHES TEST SERIES

Australia's recent win in The Ashes series was the result of several elements. The game breaker was the devastating pace and form of Mitchell Johnson. The relaxed and secure environment in the dressing room provided by Darren Lehmann. Dave Warner took responsibility for his batting talent, finally ... and became a match winner. Everyone else played a part – same team, 5 Tests.

### 3. WHAT WILL BE YOUR MAJOR FOCUS FOR THE COMING YEAR?

My major focus for this year will be to stay healthy and fit – Firstly, to walk to a coffee shop 3kms there and 3kms back. Secondly to continue to make a difference as a speaker at conferences. Thirdly, I want to complete a new book – containing text, DVD, mind maps, graphic notes, slides shows and regular video and audio interest ... interactive, for the smart tablet.

### 4. HAVE YOU MANAGED TO LOOK AFTER YOUR OWN HEALTH ADEQUATELY WHILE BEING INVOLVED WITH ALL YOUR ACTIVITIES?

5 years ago I gave up alcohol after a trip to Egypt where I put on weight. I started regularly walking 3 or 4 times a week (6kms) and I understand the energizing power of sleep. These 3 changes have made all of the difference to my enthusiasm for life and the energy to make things happen.

### 5. WHAT HAS BEEN THE BIGGEST HEALTH CHALLENGE YOU HAVE FACED?

When Tony Greig died almost 18 months ago I went to my doctor and ordered every test known to mankind. The bowel cancer test flagged a red light for me, resulting in 2 polyps being discovered – one large, one small. They needed operations to be removed, luckily non-cancerous, but a scare nevertheless.

### 6. WHAT HAS BEEN THE BEST HEALTH TIP YOU HAVE BEEN GIVEN?

Simple but true – drink plenty of water, exercise regularly and sleep well.

### 7. WHAT DO YOU DO TO KEEP YOURSELF FIT BOTH PHYSICALLY AND MENTALLY?

Physically, I walk and chase aeroplanes. Mentally, I read extensively. Plus I love mind mapping and storyboards for solving problems – I prefer this to crossword puzzles. Recently I have gone back to water colour painting classes after 40 plus years.

### 8. WHAT IS YOUR FAVOURITE MEAL AND WHERE DO YOU ENJOY IT?

My favourite meal is breakfast... at Giorgio's in High Street, Armadale... poached eggs and bacon, double espresso plus orange juice. After this I can write, doodle, muse and draw... creative energy at play. This is my 3rd space apart from home and office.

### 9. WHAT DO YOU DO TO RELAX AND UNWIND?

To relax and unwind I find immersing myself in good books is ideal. I love photography... never go anywhere without a camera. I find writing therapeutic. Also, am enjoying watching water colour paint dry on the paper. If time permits, I love to travel with my family.