

# Health Matters

## An Update of Barrett's Oesophagus



Wakefield Hospital

Area: Gastroenterology  
Article written by: Dr Rees Cameron,  
Gastroenterologist and Therapeutic  
Endoscopist, ph (04) 381 8110

Barrett's oesophagus (BO), metaplastic change in the distal oesophagus due to chronic reflux of acid and bile salts, remains a contentious topic in Gastroenterology.

Interest in this condition is based on it being the primary source of oesophageal adenocarcinoma, the most rapidly increasing gastrointestinal malignancy, and the ability of endoscopic biopsy to identify dysplastic changes before they become malignant, or early cancer at a curable stage. This has led to the practice of screening patients with reflux symptoms for the presence of BO, and then performing surveillance at varying intervals if it is discovered.

Unfortunately, there are many problems with such an approach. The population prevalence is only one to two percent, screening and surveillance involve relatively costly gastroscopy and biopsy, and screening only those patients with reflux

symptoms will miss as many as 50% who have BO in the absence of symptoms. We currently lack good biomarkers of cancer risk apart from dysplasia, endoscopic biopsy is inefficient at sampling the entire extent of Barrett's, and interval cancers may still occur in patients under surveillance. Most problematic, however, is that cancer is an uncommon occurrence and is the cause of death in a small minority of patients with BO, which impacts significantly on the cost-effectiveness of any intervention.

Epidemiological studies provide some useful information about who may benefit most from screening and surveillance.

*Continued on page 2.*

### What's inside

An Update of Barrett's Oesophagus  
> 1, 2 & 3

Message from Acurity > 2

Managing Difficult Asthma > 4 & 5

New contact details for Rod Studd > 6

Acurity Health GP  
Conference pull-out  
programme  
> 7, 8, 9 & 10

Acurity Health  
'AMI Round the  
Bays' > 11

New Consultants  
> 12 & 13

Hawke's Bay Health Awards  
> 14 & 15

Contact Us > 16



### Managing Difficult Asthma

Page 4 >



### Rod Studd

New Urology Practice

Page 6 >



### Hawke's Bay Health Awards

Page 14 >



# Message from Acurity

Commercial Manager's Message  
Paul Quayle, Commercial Manager, ph (04) 920 0146



It is my pleasure to bring you the eighth edition of Health Matters.

I sincerely hope you are enjoying reading

this publication and most importantly are finding it of value. It's certainly been encouraging to hear positive feedback from the doctors I have had the opportunity to speak with to date.

Once again I would like to extend my thanks to our consultants who take the time to prepare educational and informative articles aimed at keeping the GP community up to date with developments in their specialty areas.

### Business Development Manager

I'm delighted to have welcomed Sarah Malone to Acurity Health in January. Sarah has joined us in the capacity of Business Development Manager, and will be focusing her efforts largely on the GP community with a view to ensuring that you are provided with up to date information about our specialists and services.

Right now, Sarah's time is largely being taken up with the final preparation for the upcoming GP Conference at Te Papa. Both Sarah and I look forward to meeting you at this event on Friday 4<sup>th</sup> and Saturday 5<sup>th</sup> April.

Once the conference is concluded, Sarah will be spending some time traveling around GP practices to introduce herself, and explore how we can better meet your needs.

### GP Conference

Our annual GP Conference is only a few short weeks away, and we are greatly looking forward to hosting you at this event.

Following some changes at the Goodfellow Unit our partner for the event is now the University of Otago, Wellington. We are working closely with the University team to ensure that our event targets topics which are of interest to GPs and will provoke both thought and discussion.

In the centre of this publication you will find a pull-out conference programme together with speaker information. To join your colleagues at this exciting event, please visit [www.acurity.co.nz](http://www.acurity.co.nz)

### AMI Round the Bays

On Sunday 23<sup>rd</sup> February Acurity Health entered a team of 55 staff, from Bowen and Wakefield Hospitals, in one of Wellington's major community sporting events, AMI Round the Bays. Wellington put on some sensational weather, and we all thoroughly enjoyed the event. Next year we're hoping to exceed the 100 mark for participants.

### Feedback

We are always interested to receive your feedback about what you would like to see in the magazine so please do send us an email or phone me directly on (04) 920 0146 with your thoughts so we can continue to bring you a useful publication.

*Paul Quayle*

Paul Quayle,  
Commercial Manager,  
Acurity Health Group Limited

# An Update of Barrett's Oesophagus

Continued from page 1

Table 1 contains a list of identified risk factors for Barrett's and subsequent cancer, and the more that a patient has will increase the risk. Oesophageal adenocarcinoma is primarily a disease of older Caucasian males.

**Table 1:**  
Risk Factors for Development of Oesophageal Adenocarcinoma in GORD Patients

- ☐ Caucasian ethnicity
- ☐ Male gender
- ☐ Age > 50
- ☐ Smoking
- ☐ Barrett's nodularity, ulceration or stricture
- ☐ Greater area of Barrett's
- ☐ Presence ever of dysplasia
- ☐ Family history of oesophageal adenocarcinoma

Significant recent advances have been made in the management of Barrett's dysplasia. High definition and magnification endoscopy increase the ability to identify suspicious areas for targeted biopsy, reducing false negative studies. What happens when dysplasia or intramucosal cancer is discovered, however, is where the greatest changes have occurred. Whereas confirmed

high grade dysplasia (HGD) once led to a surgical referral for consideration of oesophagectomy, management is now entirely endoscopic. Endoscopic resection (ER) of suspected dysplasia (Figure 1) is important for providing high quality 'surgical' histology for the pathologist, and may eradicate short segment BO. Once nodular HGD has been resected, eradication of the remaining BO (completion ablation) if possible reduces the risk of recurrence. Sequential ER is effective but can be difficult to perform and has a high risk of stricture formation. Cryoablation (freezing) using carbon dioxide or liquid nitrogen has the advantage of ease of use, though efficacy data is still lacking and it is not yet available locally. Radiofrequency ablation (RFA) is currently the gold standard for eradicating extensive Barrett's though is an expensive technology.

Chemoprevention of Barrett's dysplasia and cancer using proton pump inhibitor (PPI) +/- aspirin is being investigated in a large multinational trial reporting in 2019. It is currently considered that patients with Barrett's should receive effective 24 hour acid suppression longterm.

### Summary points

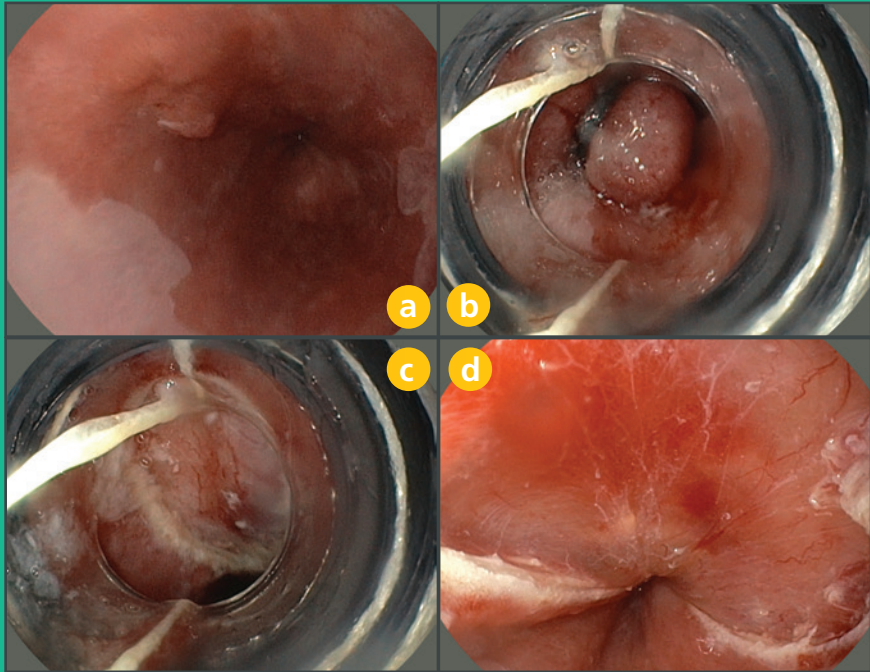
- Consider screening in older overweight Caucasian males with GORD symptoms
- Patients with Barrett's diagnosis should receive longterm PPI, and weigh the use of low dose aspirin. Smoking cessation advice should be given
- Surveillance should be encouraged in patients who have several of the risk factors in Table 1, and all with a history of dysplasia
- Screening and surveillance should be carried out by an expert endoscopist, and the patient encouraged to take sedation for the procedure to optimise views.

### Useful References

Rex, D et al. *Gastroenterology* 2003;125:1670-77  
Sikkema, M et al. *Clin Gastro Hepatol* 2010;8:235-44  
Moss, A et al. *Am J Gastro* 2010;105:1276-83  
Winberg, H et al. *Scand J Gastro* 2012;47:397-406.



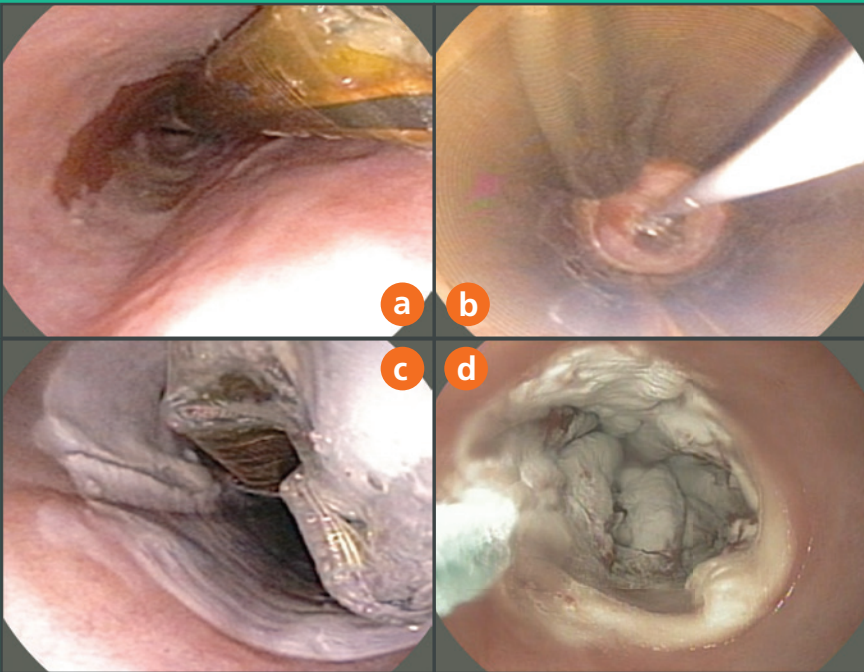
Dr Rees Cameron



**Figure 1:**  
Endoscopic resection of dysplastic Barrett's

- a** nodular HGD within long segment Barrett's
- b** a tip-mounted banding device actuates a rubber band over some dysplastic tissue creating a pseudopolyp
- c** the pseudopolyp is resected by snare diathermy
- d** hemicircumferential resection of Barrett's to level of deep submucosa

**Figure 2:**  
Completion ablation techniques for dysplastic Barrett's



- a** RFA balloon catheter in place in a segment of Barrett's
- b** inflated RFA balloon catheter
- c** circumferential burn created by RFA
- d** cryoablation using pressurised CO<sub>2</sub> (delivery catheter at left)



# Managing Difficult Asthma

Wakefield Hospital

Area: Respiratory  
Article written by: Dr Justin Travers, Respiratory Physician, (04) 381 8120

Asthma is usually fairly easy to control. Modern inhalers work well and patients can enjoy a good quality of life. If asthma symptoms remain a problem despite good inhaled therapy, going through a quick checklist can often sort things out (see checklist). A minority of patients will have ongoing symptoms and asthma attacks despite this. These patients with ‘difficult’ asthma pose a real clinical challenge. Some asthma guidelines suggest using long term oral prednisone but nobody wants to turn their patient into a fat, doughy, osteoporotic wreck.



Over the last few years, there has been interest in using combination inhalers for both preventive and rescue treatment in asthma. This approach is known as the SMART (Single inhaler Maintenance and Reliever Therapy) plan. It can be used with inhalers that contain formoterol such as Symbicort or Vannair but not with Seretide because salmeterol has a slower onset of action.

Drug company studies have shown SMART to be effective at reducing asthma symptoms and attacks compared to a standard asthma management plan.

We conducted a clinical trial of the SMART plan in New Zealand in difficult asthma patients. The study was independent of the pharmaceutical industry. It confirmed the efficacy and importantly the safety of the SMART approach in ‘real world’ patients with difficult asthma.<sup>1</sup>

The SMART management plan probably works well because compliance with inhaled steroid therapy can be less than 60% in people with asthma. When this poor compliance leads to increased symptoms, the SMART patient gets an increased dose

of inhaled steroid that halts the exacerbation before it becomes a big deal. For difficult asthma, the SMART management plan is usually the first thing to try.

Beyond SMART, there are a few other treatment options and a specialist opinion might be helpful. Some patients will respond to the addition of montelukast (Singulair) tablets. This leukotriene blocker is usually well tolerated and is now subsidised with a special authority for patients with exercise-induced bronchospasm. Unfortunately it only seems to work in about one in five cases. Another choice is theophylline (Nuelin). This drug has a complex mechanism of action but is essentially a bronchodilator. Gastrointestinal side effects usually limit treatment and it can cause arrhythmias so it needs to be used cautiously but it can work well for a minority of patients.

It is also reasonable to have a go with prednisone. A few weeks of high dose prednisone can achieve good asthma control. The dose can then be tapered to identify the lowest dose that remains effective. The goal is to achieve both an acceptable level of asthma control and an acceptably low prednisone dose for long term use. Again this can work, but only in a minority of cases.

For difficult asthma, the SMART management plan is usually the first thing to try.

Some patients continue to have significant symptoms despite trying all these approaches. Many of these patients have a neutrophilic airway infiltrate rather than the usual eosinophilic infiltrate and current research into biomarkers that could allow for targeted or individualised asthma treatment is promising.

### References

1: Patel et al. Efficacy and safety of maintenance and reliever combination budesonide-formoterol inhaler in patients with asthma at risk of severe exacerbations: a randomised controlled trial. Lancet Respir Med. 2013; 1(1):32-42.

Dr Justin Travers



## Checklist for Patients with Poor Asthma Control

- ✓ **Confirm** diagnosis
- ✓ **Check** inhaler technique
- ✓ **Check** compliance
- ✓ **Review** an asthma management plan
- ✓ **Advice** and help to quit smoking
- ✓ **Remove** asthma triggers from environment
- ✓ **Treat** comorbidities such as allergic rhinitis, GORD, OSA.





# New contact details for Rod Studd

Wakefield Hospital



Dear General Practitioners,

I have opened a new urology practice: Urology Care Wellington.

The practice will continue to be based at Wakefield Hospital and I will continue to consult at all other current locations including Bowen Specialist Centre, Boulcott Hospital, Waikanae and Paraparaumu and operate at Wakefield Hospital, Southern Cross Hospital and Boulcott Hospitals.

My telephone, fax and Health-link details have changed. For referrals please use the details listed below:

Urology Care Wellington

Health-Link address: wakespec  
Telephone number: (04) 381 8120; 0800 277 646  
Practice fax number: (04) 381 8121  
Rod's mobile: 027 280 2027  
Mailing address: Urology Care Wellington  
Wakefield Specialist Medical Centre  
99 Rintoul Street  
PO Box 16 116  
Wellington 6242

Thank you for your support.

Regards

Rod Studd  
Urologist  
027 280 2027

Please  
update  
your  
records

Wakefield Specialist Medical Centre and Bowen Specialist Centre in Wellington  
Boulcott Hospital in Lower Hutt, Waikanae Specialist Centre and Paraparaumu

Appointments and patient enquiries can be made through the  
Wakefield Specialist Medical Centre  
Telephone (04) 381 8120 or 0800 277 646  
Fax (04) 381 8121

ACURITY HEALTH

# GP CONFERENCE



We are pleased to announce the 2014 Acurity Health GP Conference will be held at Te Papa, Wellington on the 4th - 5th April 2014. Presented by Wakefield and Bowen Hospitals, we are delighted to deliver an exciting conference programme around the theme NEW CHALLENGES NEW DIRECTIONS: PROMOTING QUALITY IN YOUR PRACTICE.

**We hope you discover what's new today will become common practice in the near future, and learn how to enhance your practice in the face of new challenges to ensure positive outcomes for your patients and communities.**

**Presentations and workshops will be led by some of the most highly skilled specialists in the country, and this year the programme has been expanded to include a Hot Topics Session for some discussion on subjects of interest.**

**Acurity Health are pleased to host highly respected medical practitioner, Dr. Glenn Singleman, one of Australia's most accomplished adventurers and award winning documentary filmmakers. He will inspire with a motivating presentation on peak performance and successful risk management.**

**To register please visit our website, [www.acuritygpconference.co.nz](http://www.acuritygpconference.co.nz) or for any queries about the programme please contact Sarah Malone on (04) 920 0158.**

**We look forward to welcoming you and sharing with you two days of inspired learning.**

Paul Quayle  
COMMERCIAL MANAGER  
ACURITY HEALTH GROUP LTD

Sarah Malone  
BUSINESS DEVELOPMENT MANAGER  
ACURITY HEALTH GROUP LTD





TE PAPA  
WELLINGTON  
**4 & 5 APRIL 2014**  
PROGRAMME

**FRIDAY 4 APRIL**

- 0845 Official Conference Opening Remarks  
Mr Ian England, Chief Executive Acurity Health Group Ltd  
Dr Sue Pullon, Associate Professor and Head of Department, Primary Health Care and General Practice, University of Otago, Wellington  
*New Challenges, New Directions. Promoting quality in your practice*
- 0900 Dr Tim Blackmore, Infectious Diseases Physician and Microbiologist  
*Travel Related Infection...more about UTI and diarrhoea than dengue*
- 0935 Mr Burton King, Breast and General Surgeon  
*TBA*
- 1015 MORNING TEA**
- 1045 Dr Justine Cornwall, Deputy Children's Commissioner  
*The Compass Project: A collaborative approach to child and youth health outcomes*
- 1110 Mr Fred Phillips, Orthopaedic Surgeon, Hip and Knee Surgeon  
*Post Operative Infection Management: Meeting the needs of patients with complications following orthopaedic surgery*
- 1135 Dr Robert Weinkove, Consultant Haematologist, CCDHB and Clinical Research Fellow, Malaghan Institute of Medical Research  
*Immune Therapies for Cancer Treatment: Explore the latest research and challenges*
- 1200 Mr Simon Robinson, Otolaryngologist Head and Neck Surgeon  
*Chronic Sinusitis*
- 1225 Chair concludes
- 1230-1330 LUNCH**
- 1330 - 1415 Concurrent Workshop Sessions A  
Dr David Abernethy, Neurologist  
*Workshop: Neurological Assessment: New Developments and quality of care in TIA, Stroke and Epilepsy*  
Dr Rees Cameron, Clinical Leader of the Department of Gastroenterology, CCDHB  
*Workshop: Underwater Colonoscopy – new technique to decrease patient risk and discomfort*  
Dr Cathy Ferguson, Otolaryngologist Head and Neck Surgeon  
*Workshop: Thyroid Assessment – what you need to know*
- 1415 Delegates transition to second workshop
- 1430 - 1515 Concurrent Workshop Sessions B (repeat)  
Dr David Abernethy, Neurologist  
*Workshop: Neurological Assessment: New Developments and quality of care in TIA, Stroke and Epilepsy*  
Dr Rees Cameron, Clinical Leader of the Department of Gastroenterology, CCDHB  
*Workshop: Underwater Colonoscopy – new technique to decrease patient risk and discomfort*  
Dr Cathy Ferguson, Otolaryngologist Head and Neck Surgeon  
*Workshop: Thyroid Assessment – what you need to know*
- 1520 AFTERNOON TEA**

- 1545 Mini Symposium - The Atria, the Forgotten Cardiac Chambers  
Chair: Dr Malcolm Abernethy
- 1545 – 1615 Dr Malcolm Abernethy  
*Introduction to Atrial Anatomy, Physiology and Anticoagulants*
- 1615 – 1645 Dr Alejandro Jimenez Restrepo  
*Introduction to Electrophysiology/Ablation and the Management of Atrial Fibrillation/Flutter*
- 1645 – 1715 Dr Phil Matsis and Assoc Prof Alex Sasse  
*"Plugs and Holes" PFO, ASD and Left Atrial Appendage Closure Devices*
- 1715 Closing Remarks for Day One
- 1730 Networking Drinks hosted by Acurity Health

**SATURDAY 5 APRIL**

- 0845 Dr Glenn Singleman, Emergency and Critical Care Doctor and Adventure Filmmaker, Sydney  
*Managing Risk and Reaching Peak Performance*
- 0930 Mr Chris Hoffman, Consultant Spinal Surgeon, Capital and Coast Health; Medical Director, The Back Institute / TBI Health  
*The Aging Spine – the process, the clinical conditions and their treatments*
- 1015 Dr John Denton, Interventional Neuroradiologist & General Radiologist Pacific Radiology  
*Review of Acute Subarachnoid Haemorrhage and Cerebral Aneurysms*
- 1045 Morning Tea
- 1115 - 1200 Concurrent Workshop Sessions C  
Mr John Keating, Colorectal and General Surgeon  
*Workshop: Hereditary aspects of Colorectal Cancer: an update*  
Mr Nick Bedford, Gynaecologist and Obstetrician  
*Workshop: Assessment and Management of Prolapse and Incontinence*  
*Hot Topics*
- 1200 LUNCH**
- 1250 - 1335 Workshop Sessions D (repeat)  
Mr John Keating, Colorectal and General Surgeon  
*Workshop: Hereditary aspects of Colorectal Cancer: an update*  
Mr Nick Bedford, Gynaecologist and Obstetrician  
*Workshop: Assessment and Management of Prolapse and Incontinence*  
*Hot Topics*
- 1340 Mini Symposium - Surgery and Cancer
- 1350-1410 Mr S Kusal Wickremesekera, Upper GI, Hepatopancreaticobiliary and Laparoscopic Surgeon and Mr Simon Bann, Consultant Upper GI and Laparoscopic Surgeon  
*Upper Gastrointestinal Cancers*
- 1410-1435 Mr John Groom, General Surgeon  
*Colorectal Cancer*
- 1435-1525 Mr Peter Blake, Otolaryngologist / Head and Neck Surgeon  
*Oropharyngeal Cancer – what to look for and who are your at risk patients*
- 1525 - 1530 CLOSE OF CONFERENCE – FINAL REMARKS**

ACURITY  
HEALTH  
**GP CONFERENCE**  
SPEAKERS

*We are pleased to bring an outstanding selection of speakers to the 2014 Conference, for more information on our speakers please visit our website.*

[acuritygpconference.co.nz](http://acuritygpconference.co.nz)



DR GLENN SINGLEMAN  
Emergency Room Doctor and Professional Adventure Filmmaker

**GUEST SPEAKER**

Dr Glenn Singleman is one of Australia's most respected and accomplished professional adventurers. He currently holds four world records in extreme sport. He is also a practising medical doctor and an acclaimed documentary filmmaker.

Glenn has spoken all around the world largely about the process of peak performance and overcoming fear. He has made over 700 professional presentations - many of them return visits to Top 100 companies. Dr Singleman continues to work as a medical practitioner, working in the Emergency and Critical Care Units at Sydney Adventist Hospital in Sydney.

As a medical doctor and professional adventurer, Dr Singleman has travelled to the most remote and extreme locations on the planet researching and testing his theories on personal peak performance and successful risk management, two things he believes are intrinsically linked and at the foundation of health, happiness and success. His keynote speaking presentation combines stories from his expeditions with valuable insights into what's possible when we understand fear, successfully manage risk and diligently apply Dr Singleman's principals of peak performance.



DR DAVID ABERNETHY  
Neurologist



DR MALCOLM ABERNETHY  
Interventional Cardiologist



MR SIMON BANN  
Consultant Upper GI and Laparoscopic Surgeon



MR NICK BEDFORD  
Gynaecologist and Obstetrician



DR TIM BLACKMORE  
Infectious Diseases Physician and Microbiologist



MR PETER BLAKE  
Otolaryngologist / Head and Neck Surgeon



DR REES CAMERON  
Clinical Leader of the Department of Gastroenterology, CCDHB



DR JUSTINE CORNWALL  
Deputy Children's Commissioner



DR JOHN DENTON  
Interventional Neuroradiologist & General Radiologist



DR CATHY FERGUSON  
Otolaryngologist - Head and Neck Surgeon



MR JOHN GROOM  
Gastrointestinal Surgeon



MR CHRIS HOFFMAN  
Consultant Spinal Surgeon



DR ALEJANDRO JIMENEZ RESTREPO  
Cardiologist Electrophysiologist



MR JOHN KEATING  
Colorectal and General Surgeon



MR BURTON KING  
Breast and General Surgeon



DR PHIL MATSIS  
Cardiologist



MR FRED PHILLIPS  
Orthopaedic Surgeon, Hip and Knee Surgeon



MR SIMON ROBINSON  
Otolaryngologist, ENT Surgeon



ASSOCIATE PROFESSOR ALEX SASSE  
Cardiologist



DR ROBERT WEINKOVE  
Consultant Haematologist, CCDHB



MR S KUSAL WICKREMESEKERA  
Consultant Upper GI, Hepatopancreaticobiliary and Laparoscopic Surgeon





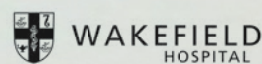
# NEW CHALLENGES NEW DIRECTIONS

PROMOTING QUALITY IN YOUR PRACTICE

ACURITY HEALTH GP CONFERENCE  
TE PAPA WELLINGTON  
4&5 APRIL 2014

[www.acuritygpconference.co.nz](http://www.acuritygpconference.co.nz)

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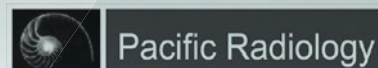


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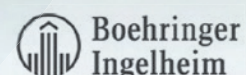


We gratefully acknowledge the support of our sponsors:

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SILVER



## Acurity Health Group at the AMI Round the Bays

Acurity Health Group

Description: Social event  
Location: Wellington



Wakefield Specialist Medical Centre ladies  
Jenny and Rose



Paul and Nick



Acurity Corporate: Paul, Deirdre and Sarah



Matt and Ryan enjoy some BBQ food



Sharon and her boys

Wakefield's Rachael (centre) and Bowen ladies

Congratulating runners



The two Lynda's Linda's



Luke, Kathryn, Cathy and Fiona

On Sunday 23 February 2014, 55 Acurity Health employees from Bowen and Wakefield Hospital's took part in the annual AMI Round the Bays 6.5km fun run/walk, 10km Snapper and Lenco half marathon.



# New Consultants



Acurity Health welcomes the following consultants to our Bowen, Royston and Wakefield Hospitals. Please contact them directly if you would like more information about their specialties.



**Mr Kenneth Chan**

MB ChB, FRANZCO

**Ophthalmologist**

P: (04) 499 4940  
F: (04) 499 0242  
E: kenneth.chan@ccdhb.org.nz

Kenneth consults at the Thorndon Eye Clinic, 230 Thorndon Quay, Wellington and operates at Bowen Hospital, 98 Churchill Drive, Crofton Downs, Wellington.

**Specialty**

Ophthalmology

**Training**

Kenneth's vocational training in Ophthalmology took place in Wellington and Christchurch. Kenneth did his fellowship training in Oculoplastic and Orbital Surgery in Newcastle upon Tyne, United Kingdom.

**Special interests**

- Eyelid malposition
- Ptosis and dermatochalasis
- Dry/watery eyes
- Periocular skin tumours and reconstruction
- Thyroid eye disease
- Orbital surgery
- Socket reconstruction.

**Background**

Kenneth was born in Hong Kong and grew up in Auckland where he obtained his medical degree. He has worked in the Wellington/Hutt region since 2005 and has returned to New Zealand after finishing his fellowship training in the United Kingdom in 2013.

He is able to conduct his consultation in Cantonese and Mandarin if required. He has a Licentiate Diploma in piano performance and can frequently be seen attending local classical concerts. He is also keen on chasing fresh powder on the ski slopes when opportunity beckons!



**Mr Stephen Toynton**

MB BS, FRCS (Otol)(Eng), FRCS (ORL)

**Otolaryngologist**

P: (06) 873 1162  
F: (06) 873 1163  
E: ent@airnet.net.nz

Stephen is an otolaryngologist who consults at the Royston Centre, 325 Prospect Road, Hastings and operates at Royston Hospital, in Hastings.

**Specialty**

Otolaryngology (ENT Surgery)

**Training**

Stephen was the Senior Registrar at St. Thomas's and Guy's Hospitals, London and advanced paediatric training at Great Ormond Street Hospital for Sick Children, London. General ENT Fellowship at Christchurch Public Hospital 1994/5.

**Specialising in**

Stephen specialises in ear surgery, in particular hearing reconstruction surgery, stapes surgery, revision surgery and implantable hearing aids. Also in balance disorders, ear trauma, particularly in SCUBA divers and specialist paediatric ENT.

Career highlights prior to moving to Hawke's Bay in 2012

- Otology advisor to Diving Diseases Research Centre, Plymouth, UK
- Former council member of British Association of Otorhinolaryngology and British Association of Paediatric Otorhinolaryngology
- Contributor to major ENT text book
- Member Prosper Meniere Society
- Published on various aspects of paediatric ENT and presented papers at international meetings, including at the Royal Society of Medicine, London
- Also invited expert at symposia on stapes surgery at international meetings.



**Mr Simon McDowell**

MBChB PG Dip OMG FRANZCOG

**Gynaecologist, Fertility Specialist**

P: (04) 384 8401  
F: (04) 384 8402  
E: smcdowell@fertilityassociates.co.nz

Simon consults at Fertility Associates, Level 2, 205 Victoria Street, Wellington and operates at Wakefield Hospital, 30 Florence Street, Newtown, Wellington.

**Specialty**

Gynaecology, Fertility

**Training**

Fellowship advanced lap surgery and reproductive endocrinology (Brisbane). Obstetrics and Gynaecology (General) training, Wellington, Hastings and Palmerston North.

**Specialising in**

Endometriosis, menstrual disorder, infertility, reproductive endocrinology, clinical research.

**Background**

Simon attended Otago University between 1997 – 2002. He has spent time as a junior doctor in Masterton, Melbourne, UK, Hastings and Palmerston North. More recently as a consultant (Gynaecology, Fertility) in Brisbane and Wellington.

**Dr Alejandro Jimenez Restrepo**

MD, Am B Int Med (IM and Cardiovascular Diseases, USA)

**Cardiologist, Electrophysiologist**

P: (04) 381 8115, F: (04) 381 8116

Alejandro is a Cardiologist/ Electrophysiologist who consults at the Wakefield Heart Centre, 99 Rintoul Street, Newtown and operates at Wakefield Hospital also in Newtown, Wellington.

**Specialty**

Cardiology, Electrophysiology

**Training**

Alejandro has undertaken his initial training at Universidad CES School of Medicine, Colombia. Cardiovascular research training at Cardiovascular Centre, Medellin Clinic, Colombia. Internal Medicine residency at the University of Texas Health Science Center, USA. Cardiac Electrophysiology Fellowship at the University of Maryland Medical Center, USA and his Research Fellowship at Maryland Arrhythmia and Cardiac Imaging Group (MACIG), USA.

**Background**

Alejandro is a Consultant Cardiologist/ Electrophysiologist at CCDHB/Wellington Hospital and Senior Clinical Lecturer at the University of Otago School of Medicine since 2012. Prior appointments include Consultant Cardiologist/ Electrophysiologist at the International Arrhythmia Centre, Fundacion CardiInfantil in Colombia and Clinical Instructor at the University of Maryland School of Medicine in Baltimore USA.

**Special interests**

Diagnosis and management in all areas of cardiac electrophysiology, including device implantation and electrophysiologic studies/catheter ablation.

- Atrial fibrillation
- Ventricular tachycardia
- Supraventricular tachycardias
- Pacemakers and defibrillators
- Biventricular devices
- Syncope
- Sudden cardiac death
- Channelopathies
- Cardiac imaging.

**Dr Ken Romeril**

MBChB, FRACP, FRCPA

**Haematologist**

P: (04) 381 8120  
F: (04) 381 8121  
E: specialists@wakefield.co.nz  
W: www.likblood.co.nz

Ken is a specialist haematologist who consults from the Wakefield Specialist Medical Centre, 99 Rintoul Street, Newtown, Wellington.

**Specialty**

Haematology

**Specialising in**

Ken specialises in specialist haematology and has an interest in malignant haematology, leukaemia, myeloma and lymphoma. Ken has run clinical trials in myeloma and immune thrombocytopenia.

Other career highlights:

- Author of 26 peer reviewed journal publications
- Recently chair of myeloma sub-committee of Australasian Leukaemia/Lymphoma Group
- New Zealand member of Interventional Myeloma Working Group.



# Hawke's Bay Health Awards

Royston Hospital | By Denise Primrose  
Royston Hospital Manager



Recognising the importance of quality within the healthcare environment, Royston Hospital has been delighted to support the Hawke's Bay Health Awards for the past three years.

The Royston Hospital Supreme Award Winner for 2013 was presented by Royston Hospital Manager Denise Primrose, to Tai Ora Clinical Acting Chief Executive Marei Apatu and General Manager Patrick Le Geyt, at a gala occasion at the Hastings Opera House in November 2013.

HB Health Awards attracted significant entries from throughout Hawke's Bay's primary and secondary health care settings. Seven award winners were selected with all eligible for the Royston Hospital Supreme Award.

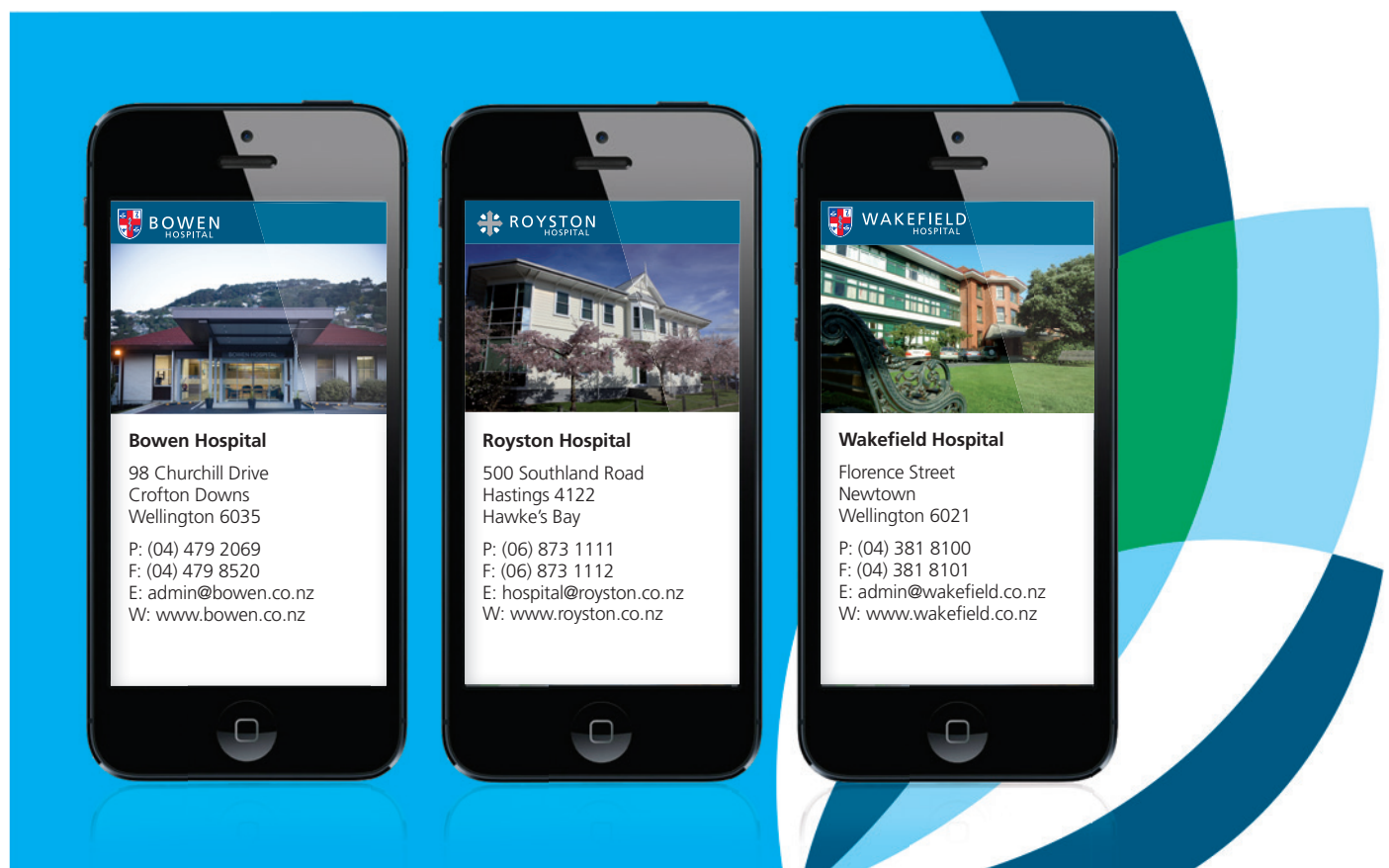
...It's about recognising the importance of quality within the healthcare environment.



Images courtesy of the Hawke's Bay District Health Board



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We value your feedback and will use your comments to improve this magazine. Go to our 'For our GPs' website and complete the brief survey – [www.acurity.co.nz](http://www.acurity.co.nz)

