

# Health Matters

## Robotic surgery arrives to Wakefield Hospital

📍 Wakefield Hospital

🔗 State-of-the-art Surgery

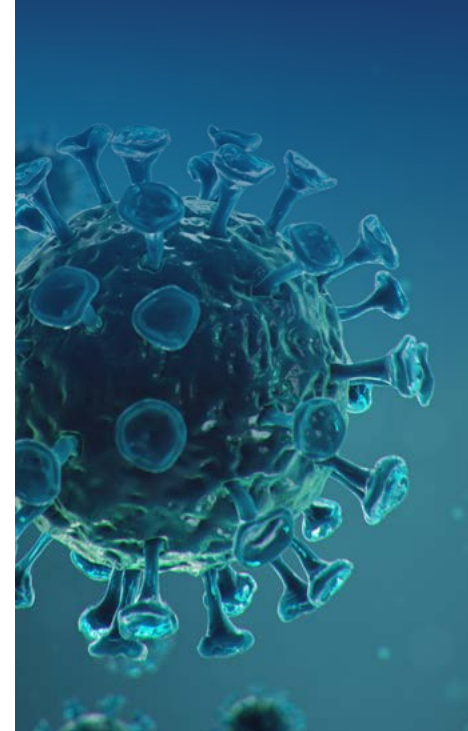
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### Approach to Covid-19

We are following the Ministry of Health guidelines and are working together with the District Health Boards in response to the government pandemic plan.

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## Welcome to Health Matters.

Keeping you up to date with services that are relevant to your patients.

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# Message from Acurity Health

Acurity Health

Dr Jonathan Coleman, Board Director

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



**Just a few short months ago who would have predicted the events that have unfolded. We have all had to adapt to seismic change not only in health but in every aspect of our daily lives. We know it's been an especially challenging time in General Practice and we hope you are all coming through the other side of this unprecedented challenge. Obviously though there is still a long way to go for all of us before life returns to a semblance of "normal".**

We are now focusing on a return to our regular business in this new Covid-19 environment, and are as focused as ever on delivering excellence for your patients across our hospital network.

Acurity Health Group is also undergoing change. I am moving from the CEO role to take up a position as a director on the company's board. I've greatly enjoyed my time in the role, but the move will allow

me to pursue other professional and personal interests. I am delighted to welcome our newly appointed Chief Executive Officer, Sue Channon.

Sue has an extensive background as an established healthcare industry leader. She completed her nursing training in Whanganui, and subsequently specialised in operating theatre management, where she went on to hold a number of hospital Director of Nursing roles.

With over 20 years of experience in chief executive roles, Sue has a well-earned reputation for delivering business growth, and being a decisive and impactful leader, delivering strongly in operational performance and business growth.

Sue comes at an important time where we continue with our significant investments in new technologies, new infrastructure, and new businesses.

*Continued over*

## About Acurity Health Group

One of New Zealand's leading private providers of healthcare services, Acurity owns and operates Wakefield and Bowen Hospitals in Wellington, and Royston Hospital in Hawke's Bay, and Re-centre, a private mental health facility based in Auckland.

Through a partnership with Icon Group based in Brisbane, Australia, Acurity delivers private oncology services at Bowen Icon Cancer Centre in Wellington.

They also have investments in Endoscopy Auckland, Laparoscopy Auckland, Grace Hospital Tauranga, Proactive, Re-centre and Birthcare Auckland.

Acurity aims to be the preferred provider of private healthcare services, chosen by leading specialists, major health insurers, patients and their families. This is demonstrated through Acurity's commitment to developing and growing their hospitals and continuously investing in the latest technology, while being a leader in their sector.

# Introducing our new CEO

Evolution Healthcare

Sue Channon,  
Chief Executive Officer



**Sue Channon has held senior management positions in various Australian Healthcare organisations for over 20 years.**

Before her recent appointment to Chief Executive Officer (CEO) of Evolution Healthcare Sue held the position of Group CEO Virtus Health from 2010 to February 2020.

Virtus is Australia's leading provider of Assisted Reproductive Services. Prior to her role as CEO of Virtus Health, Sue held the role of CEO of IVFAustralia Pty Ltd from 2004 to 2010. Sue delivered a growth strategy of diversification and vertical integration at Virtus beyond the core Assisted Reproductive Services expanding the business into Diagnostics, Day Hospitals and International services. Sue led a team of 127 fertility specialists, over 1200 specialist fertility staff (nurses, scientists, administrative staff, counsellors and the support services of finance, IT and marketing) across 43 fertility clinics in five countries; an Australian network of general pathology, specialist fertility and genetic testing services and seven day hospitals.

Sue is an established healthcare industry leader with a well-earned reputation. As CEO of Virtus Health, she delivered business growth and led the growth of Virtus during

private ownership, Australian expansion, and a successful listing on the Australian stock exchange (ASX) which saw Virtus become the first publicly listed fertility business globally, followed by accelerated international expansion.

Sue started her healthcare career in Whanganui, New Zealand where she completed her nursing training and subsequently specialised in operating theatre management. After a number of hospital Director of Nursing and CEO positions, Sue was appointed by Mayne Health Group (now part of Ramsay Health Care) to the position of National Director of Nursing and held various hospital CEO roles within the Mayne Health Group. Prior to joining Virtus Health/ IVFAustralia Sue was State Manager NSW and ACT for Medical Imaging Australia.

**“Sue is an established healthcare industry leader with a well-earned reputation.”**



Visit our new mental health facility in Auckland. Go to [www.recentre.co.nz](http://www.recentre.co.nz)



## Here's an update on what has been happening across the Group.

**New technology:** we have purchased a da Vinci Xi surgical robot which is now in place at Wakefield Hospital. It's the top of the line model and only the second one of its type in New Zealand. This is a significant acquisition and means we now have state-of-the-art surgical technology that provides exciting new options for both patients and surgeons. Initially, its use will be focused on urology. There is also interest in its use in general surgery and gynaecology, and we expect there will be future growth in these areas.

Our building developments at Wakefield, Bowen, Royston and Grace Hospitals are forging ahead. Whilst construction was suspended during lockdown, there has been amazing progress on the Wakefield site, with Stage One development well underway. We are building the most modern private hospital in New Zealand, and it will be an outstanding facility for both doctors and patients.

The doors of our mental health facility in Auckland, Re-centre, opened in November. This is a unique service and fills a gap in the mental health service landscape. We now offer e-Consults and e-Courses, allowing our mental health specialists the ability to care for your patients and their mental health anywhere in New Zealand.

We are pleased to include Sir John Kirwan as an integral member of our strategic team developing Re-centre's business. I encourage you to get in touch on their dedicated GP Hotline 0800 854 905 to find out more about their services.



Unfortunately, our Connect 2020 Conference had to be cancelled this year because of Covid-19. However, we are delighted to confirm our scheduled new dates of Tuesday 16 and Wednesday 17 March 2021. Find out more inside this edition of Health Matters. If you are a delegate that had already registered for our 2020 date we assure you that your registration has been transferred to next year. Contact our Conference Organiser for more information at [connect@acurity.co.nz](mailto:connect@acurity.co.nz). Connect 2021 is anticipated to sell out so we look forward to seeing you there!

Stay safe and stay strong.

Kia Kaha!

Best wishes,

*Jonathan Coleman*

**Dr Jonathan Coleman**  
Board Director  
Evolution Healthcare and  
Acurity Health Group



# Evolution Healthcare | Acurity Health Group's Approach to Covid-19

Evolution Healthcare | Acurity Health Group

Covid update

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

**We hope you, your practice and your families have been managing well throughout Covid-19 Levels 3 and 4.**

We are following the Ministry of Health guidelines. We are working together with the District Health Boards in response to the government pandemic plan.

The safety and wellbeing of our patients, visitors, staff, medical specialists, and contractors is always our utmost priority. We want to let you know what we are doing in response to Coronavirus (Covid-19).

We have always had very thorough cleaning, hygiene and health and safety processes in our hospitals. We have dedicated infection prevention and health and safety experts advising and monitoring our practices.

We have also put in place even more cleaning and sanitising for each of our sites, focusing on high touch surfaces and have hand sanitisers installed throughout the hospital for our staff, patients and visitors.

We are following the Ministry of Health's guidelines around hand-washing, cough etiquette, social distancing and hygiene practices, and have reinforced this with all our teams.

## **Covid-19 Alert Levels 2 and 3 – what does this mean for our hospitals and our patients?**

Whilst in Covid Alert Level 3, we are able to increase our capacity to perform urgent and semi-urgent private procedures in alignment with our DHBs

and the Ministry of Health guidelines. Our robust health and safety measures ensures we continue to perform safely while providing optimal care to all our patients.

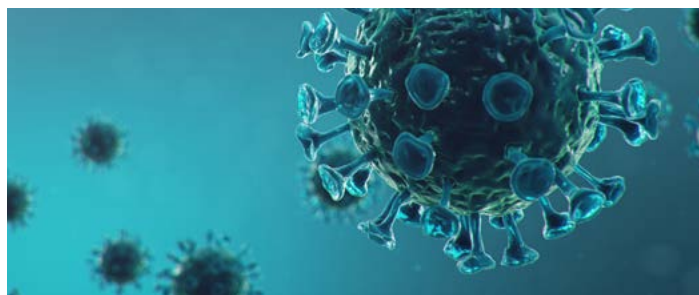
Alert Level 2 will be similar for our facilities. We will continue to increase our capacity to perform urgent and semi-urgent private procedures in alignment with our DHBs and the Ministry of Health guidelines. This includes maintaining our distancing measures and hygiene policies like in Level 3.

## **Specialist referrals and consultations**

Where possible, consultations and other services remain virtual throughout Alert Levels 2 and 3.

We welcome you to continue referring your patients through to our specialists who are available for private consultations.

Patients that do come into one of our hospitals or facilities for a consultation, appointment, procedure or surgery are asked to maintain physical distancing of at least 1 metre where possible. Following all appointments, thorough cleaning and sanitising procedures occur.



## **Screening and safety**

Whilst our facilities are not providing testing for Covid-19, we do have robust measures in place to ensure screening is undertaken before entering our facilities.

Patients coming to our hospitals can expect to receive SMS reminders prior to admission, prompting them to see their GP if feeling unwell, and to contact us if bookings need to be deferred.

Any patients that present with Covid symptoms are isolated. We are following the Ministry of Health guidelines of transferring that patient to the local DHBs.

All these measures will continue throughout Levels 2 and 3.

In Alert Level 3 we ask that patients do not bring whanau members, friend, or support person to their appointments, or to visit them when staying as an inpatient at our hospitals. Under Alert Level 2 visitors will be allowed, however there will be restrictions on numbers and duration.

We have strict hand hygiene protocols in place for entering and exiting ward rooms.

We are following Ministry of Health and DHB guidelines to ensure PPE gear is worn at appropriate times. We have strict measures in place for when PPE gear is required.

## **Continued Medical Education Sessions**

We are committed to delivering our engaging and informative CMEs for GPs and primary care practitioners through live webinars. These range from 30 minutes to two hours. We encourage you to check in our website to view our CMEs, or email [marketing@acurity.co.nz](mailto:marketing@acurity.co.nz) to sign up and receive regular communications.

## **Query? Contact us**

If you would like to find out more about what is currently available at our hospitals please do contact us. Our friendly staff are available in ensuring your patients are seen by our specialists.

Bowen Hospital	Wakefield Hospital	Royston Hospital
Reception: 04 479 2069	Reception: 04 381 8100	Reception: 06 873 1111
Medical Centre: 04-479 2019	Medical Centre: 04 381 8120	Medical Centre: 06 873 1111
Email: <a href="mailto:admin@bowen.co.nz">admin@bowen.co.nz</a>	Email: <a href="mailto:admin@wakefield.co.nz">admin@wakefield.co.nz</a>	Email: <a href="mailto:hospital@royston.co.nz">hospital@royston.co.nz</a>

# Bone Metastases



Dr David Okonji

Bowen Icon Cancer Centre

Medical Oncology

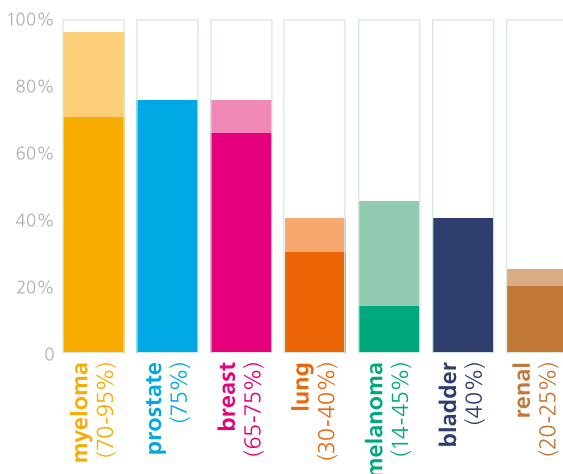
Dr David Okonji

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[www.bowen.co.nz](http://www.bowen.co.nz)  
[www.boweniconcancercentre.co.nz](http://www.boweniconcancercentre.co.nz)

## The bone is a frequent site of disease spread from most cancers.

The highest incidence is seen in multiple myeloma (70-95%), prostate (75%), breast (65-75%), lung (30-40%), melanoma (14-45%), bladder (40%) and renal (20-25%) cancers.<sup>1</sup>

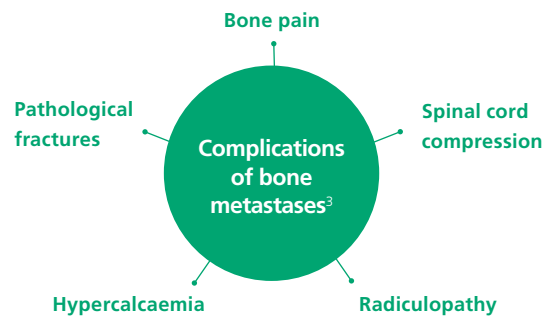


An increasingly older and more frail population who may already have incipient subclinical age-related bone loss are now being treated with better-tolerated effective targeted systemic therapy and immunotherapy resulting in a dramatic improvement in five-year survival rates not previously experienced (breast  $\geq 60\%$ , colorectal  $\geq 85\%$ , and prostate cancer  $\geq 95\%$ )<sup>2</sup>.



**Incidence and morbidity from bone metastases is likely to increase.**

As such, the relative incidence and morbidity from bone metastases affecting is likely to increase. Therefore, an understanding of the management of bone metastases will become important for all health professionals.



Of these complications, metastatic bone pain is the most common. The history is usually one of significant escalating uncontrolled pain following an unusually innocuous and often poorly recalled traumatic injury involving weight-bearing bones in the axial or appendicular skeleton. The pain is usually progressive and worse at night.<sup>4</sup>

A full blood count (evaluating for anaemia of chronic disease and myelosuppression), serum calcium, renal function, serum electrophoresis, TSH, PTH and an x-ray of the affected bone should be part of the initial investigations. X-rays have a low sensitivity (40-44%) in diagnosing the cause of the bone pain because more than 50% of trabecular bone must be destroyed before a lesion is visualised.<sup>1</sup> CT and MRI have higher sensitivity (71-100% and 82-100%, respectively),<sup>5</sup> with the latter more useful in evaluating spinal cord compression, while the former in delineating the

presence of visceral and nodal metastases as well as the identification of an appropriate site for a diagnostic biopsy.

Treating the underlying cause is the most effective way of managing bone metastases and will depend on the cancer subtype, extent and symptoms. For rapid symptomatic relief, patients with extensive disease may benefit from intravenous bisphosphonates or denosumab, both of which are effective in reducing rates of associated bone pain, pathological fractures and tumour-induced hypercalcaemia. In those with localised symptoms, who are intolerant of, or refractory to, opiate analgesia, radiotherapy may provide an excellent alternative therapeutic option. External beam radiotherapy can be delivered in single or multiple fractions depending on the burden of disease in the affected site and the intensity of the associated symptoms.

In patients with a good prognosis (e.g. single site of metastases) or a long life expectancy (because of effective systemic therapeutic options), multi-fraction may be favoured over single fraction radiotherapy, especially if there are ongoing concerns about inadequate long-term pain control and increased likelihood of re-treatment.



### Emerging data now supports a single high-dose of SBRT

Nevertheless, emerging data is now supportive of high-dose single fraction stereotactic body radiotherapy (SBRT), which appears to provide better early pain control and improved short and long-term local progression-free survival compared to conventional multi-fraction radiotherapy.<sup>6</sup>

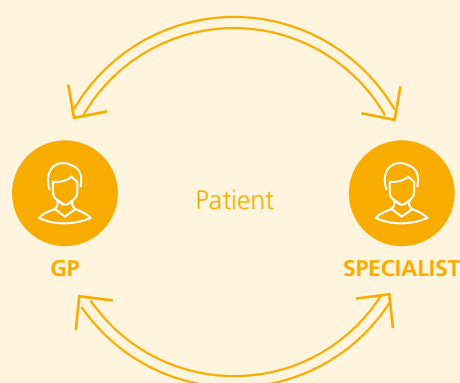
Although infrequently deployed, surgical interventions such as minimally invasive vertebroplasty for pathological crush fractures, or fixation procedures for long bone and vertebral fractures are also effective for palliation

of pain, improving quality of life and maintenance of independence in the activities of daily living in the appropriately selected patient. Finally, bone metastases are a feature of a systemic malignant condition; as such, novel systemic targeted therapies specific to tumour subtypes causing bone metastases are being developed.

### One such example

which is now available in New Zealand to those with prostate cancer who have exhausted available treatment options is Lutetium PSMA. Prostate-specific membrane antigen (PSMA) is a naturally occurring receptor protein expressed by prostate cancer cells. Lutetium-177 is a radio-isotope which can be artificially bound to PSMA molecule. When the compound is injected into a subject, the deposition of destructive beta-radiation to the prostate cancer cells expressing PSMA allows for delivery of effective treatment to affected areas while largely avoiding unaffected tissue which do not express PSMA.<sup>7</sup>

**In summary,** there are several effective symptom-directed therapeutic options depending on the cancer subtype, and disease burden. Given the increasing number and complexity of treatment options for patients affected by bone metastases, effective communication between the GP and specialists involved cannot be under-estimated.



Dr David Okonji  
practices at  
Bowen Icon Cancer Centre

For more information about  
any information provided in  
this article, please contact  
David on (04) 896 0200.

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**Bowen**  
icon cancer centre





# Prostate Enlargement

Minimally Invasive Treatment for Prostate Enlargement – the heat is on!

Mr Grant Russell & Mr Rodney Studd



Wakefield Hospital ★ Urology

Mr Grant Russell (04) 473 6207, and  
Mr Rodney Studd (04) 920 0162, Urologists

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

## Prostate enlargement causing lower urinary tract symptoms due to bladder outlet obstruction is a significant men's health issue.

About one third of all men in Australasia will seek help at some stage during their life for bothersome voiding symptoms. These typically include:

- Poor flow, intermittency of flow, incomplete emptying
- Frequency/nocturia
- Urgency/urge leakage.



After clinical assessment, routine investigations of their lower urinary tract symptoms are usually:

- **Laboratory:**  
MSU, renal function, PSA
- **Ultrasound:**
  - assessment of kidneys
  - hydronephrosis
  - post void residual volume
  - bladder wall thickening due to outlet obstruction
  - prostate size.

The initial management of mild to moderate obstructive symptoms is generally either monitoring or a trial of alpha blockade. Although the majority of men will experience an initial improvement in symptoms on commencing alpha blockade, this tends to lessen as time goes on due to continuing prostate enlargement and it is important that the topic is re-addressed in General Practice reviews.

Figure ① Rezum device with cystoscope showing water flow ready for use



Figure ② The Rezum steam generator unit



Figure ③ Close up of the vapourising needle of the Rezum device

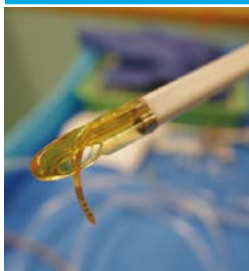


Figure ④ Vapourising needle of Rezum device in prostate 3 o'clock



Figure ⑤ Endoscopic view of obstructing prostate. Enlarged lobes of the prostate and the landmark veru at the 6 o'clock position



Alpha blockade is not tolerated by many men; the hypotensive effects may lead to dizziness and falls lethargy and breathlessness.

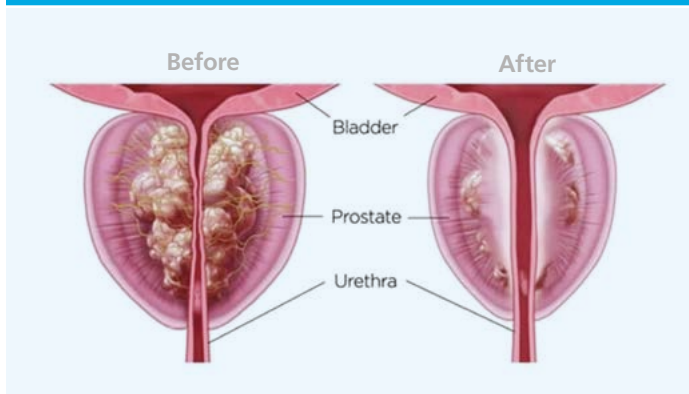
Finasteride, a "prostate shrinking drug" may be helpful where alpha blockade cannot be used; however, it is very slow to work and generally does not offer a rapid symptomatic improvement. It is useful in patients with recurrent prostate bleeding of a benign cause such as a very large prostate with intermittent haematuria from ruptured prostate vasculature or post trans-urethral resection of the prostate (TURP) haematuria.

For men with more significant lower urinary tract symptoms not improved with drug therapy, further intervention may be required. Although TURP remains the cornerstone of surgical treatment of prostatic obstruction, recent years have seen the emergence of a

number of minimally invasive technologies which aim to reduce the hospital stay and adverse effects associated with the procedure. Generally, TURP involves a hospital stay of one to two days; complications include haematuria, clot retention and stricture formation. Many men are fearful of changes to their sexual functioning after TURP and although impotence is a well-documented but uncommon adverse effect, retrograde ejaculation affects the majority.

One of the new minimally invasive clinic-based technologies to treat prostatic obstruction is "Rezum". High temperature water vapour is delivered directly into the prostate via a retractable fitted on the cystoscope. Subsequent tissue necrosis over time results in reabsorption of the obstructing prostatic tissue and relief of bladder blockage.

Figure ⑥ Sloughing prostate tissue and pre/post treatment changes to obstruction



At Wakefield Hospital patients are treated under sedation in the Endoscopy Suite and are usually discharged home after a few hours. A catheter, either urethral or suprapubic is required for a short time to manage the immediate increased obstruction from the prostatic oedema associated with the procedure, and a steady improvement in symptoms follows as prostatic tissue degrades.

Various assessments of the efficacy of *Rezum* have been undertaken; these have demonstrated an improvement in the International Prostate Symptom Score (IPSS), post void residual volume and urinary flow rates of patients treated with the technology. MRI studies have shown a reduction in prostate volume of about a third six months after treatment. Most of the reported series have suggested an advantage over TURP in the preservation of ejaculation and potency.

Disadvantages of *Rezum* include:

- Prolonged catheterisation
- No tissue available for histology
- Dysuria.

Not all patients presenting with prostatic obstruction are suitable for *Rezum*; patients with very large prostates (>100 cc), those presenting in retention and where there is a prior history of radiation to the prostate need to consider other options.

**\* Rezum is a new, minimally invasive clinic-based treatment for prostatic obstruction. Although long-term data is awaited, an improvement in bladder outlet obstructive symptoms and voiding parameters has been demonstrated in current studies, together with the preservation of sexual function.**

#### References

Images sourced:

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- \*. ResearchGate. [https://www.researchgate.net/figure/Rezum-delivery-device-and-vapor-needle-Note-The-vapor-needle-resides-within-the\\_fig1\\_319227379](https://www.researchgate.net/figure/Rezum-delivery-device-and-vapor-needle-Note-The-vapor-needle-resides-within-the_fig1_319227379)

#### For further information about Rezum,

contact Mr Grant Russell  
(04) 473 6207 or  
Mr Rodney Studd  
(04) 920 0162.

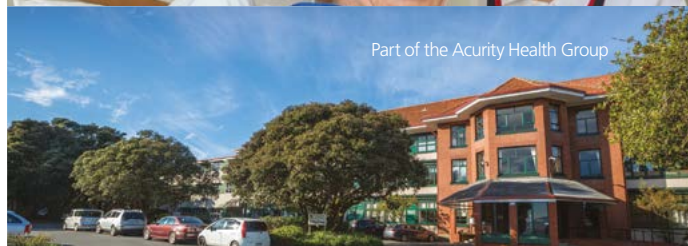
Both Urologists are based  
at Wakefield Hospital



**WAKEFIELD**  
HOSPITAL

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

Based in the heart of Wellington, Wakefield Hospital offers a wide range of high-quality private healthcare services with a team of experienced specialists and the latest in techniques and equipment available. We have a proud history of offering our patients the very best of care in our welcoming and comfortable facilities.



Part of the Acurity Health Group



# 2020 IASP Year of Pain Prevention

## Preventing Acute Pain from Developing into a Chronic Problem

Richard Trendle



Proactive

Physiotherapy

Richard Trendle, National Service Manager,  
Pain Management Services

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EDI: Proactive

www.proactive4health.co.nz

### Growing Prevalence



Persistent or chronic pain currently affects one in five New Zealanders – the equivalent of 770,000 Kiwis – with the prevalence growing significantly year on year.

\$24  
billion

Aside from the personal and societal impact, persistent pain is expected to cost New Zealand upwards of \$24 billion by 2048.

While chronic pain is now seen as a long-term health condition in its own right, it has received little attention compared with other long-term health conditions such as diabetes. This is despite higher prevalence and individual impact of daily function, social interactions and overall quality of life.

Perhaps this is due to the fact that persistent pain remains difficult to treat effectively, despite our exponential growth in understanding pain science over recent decades. This new understanding has taught us that the traditional approach of conceptualising chronic pain as simply an extension of acute pain, where the severity of pain is indicative of the amount of tissue damage, is too simplistic and that the solely biomedical model of treatment does not always work.

Evidence over recent decades informs us that neuroplastic changes in the peripheral and central nervous system can result in pain persisting beyond the point where normal healing takes place. Importantly, many of the risk factors detailed below for pain progressing from acute to persistent mediate the neuroplastic changes taking place.

Similar to other chronic diseases, lifestyle factors including physical activity, sleep, nutrition and mindset play a significant role in the progression of acute pain to persistent pain.

These are both identifiable and modifiable *risk factors* that can be assessed in the primary care setting, and addressed to a large degree through patient self-management.

### Risk Factors of Developing Persistent Pain

This year marks the International Association for the Study of Pain (IASP) Year of Pain Prevention. Preventing all pain is not desirable, as acute pain serves a fundamental purpose of warning us of actual or potential damage – when we put our hand on a hot stove pain motivates us to remove it quickly and prevent a minor burn becoming a significant trauma. However, there are steps we can take to prevent acute pain progressing to a persistent and disabling case of chronic pain. The first step is recognising *risk factors* that mediate this transition.

There are a number of specific predictors that GPs can observe for in those who are returning to the clinic with worsening or no change in their pain pattern, despite adequate investigations. These factors can be broadly categorised into psychosocial factors, lifestyle factors, and behaviours or cognitions relating to pain.

Psychosocial and contextual factors include previous injury history and expectation of recovery, socioeconomic factors, employment satisfaction, number of pain sites, and beliefs and attitudes to pain. Importantly high levels of anxiety, stress response and depression are strongly correlated with the transition from acute to persistent pain. These factors influence the pain experience through direct physiological mechanisms. In a recent New Zealand study into persistent pain, it was

found that the prevalence of depressive symptoms (HADS-A score >7) was 33%, with the same figure for those suffering from high levels of anxiety.

Lifestyle factors such as poor sleep patterns and inactivity are both a risk factor and moderator of ongoing pain. Poor sleep will impact on recovery from injury and illness and also plays a significant role in the neurophysiologic changes to occur in the transition to persistent pain. It is also worth noting that up to 80% of individuals with chronic pain have ongoing sleep difficulties.



80 percent of individuals with chronic pain have ongoing sleep difficulties.

This relationship is usually bi-directional with pain often restricting sleep and restricted sleep increasing pain through various established pathways, including an increased inflammatory response.

Behaviours and cognitions such as avoidance of activity due to fear of increased pain or re-injury, catastrophic thought processes including ruminating on the pain experience, magnifying its impact, and feeling helpless about the impact that pain is having are key risk factors of developing persistent pain.

### Practical Steps to Identify Risk Factors in Primary Care

By asking direct questions these *risk factors* can be identified in a patient returning for multiple appointments with unchanging or worsening pain and pain-related interference.

Asking your patient key questions including:

- "can you continue to do normal activities despite your pain?",
- "do you find yourself thinking or worrying about the pain constantly?",
- "what do you think your pain means is happening to your body?",
- "how tense or anxious have you been feeling over the last week?",
- "what time are you going to bed and waking up – are you sleeping through the night?",
- "do you expect the pain will reduce and eventually be gone over time?", and
- "how much have you been bothered by feeling depressed or low over the last week?"

These questions will provide key insights into your patient's beliefs, psychosocial factors and contextual factors influencing whether pain is likely to progress to a disabling condition.

It is important to realise that our language is influential in setting expectations for recovery as well. Louis Gifford, a giant in the field of pain research said "Reassurance is analgesic". Occasionally, a readily understood diagnosis explained in a way that informs the patient's expectations for recovery can go a long way to calm a sensitised nervous system.

### A Faster Method of Risk Factor Identification and Access to Pain Management Services

Where the above questions are difficult to ask, an alternative is an easy, patient-administered, waiting room risk factor tool.

This is the Orebro Short Form Questionnaire.

The Orebro is a validated, 10 item questionnaire which gathers data relating to:

- Pain intensity and duration
- Sleep patterns
- Perceived function
- Psychological distress
- Perceived return to work expectancy
- Fear avoidance behaviours.

Proactive offer a contemporary approach to pain management, both for those with existing persisting pain and to prevent 'chronicity' in those recognised as at greater risk of developing the condition. More information, the Orebro questionnaire, and a quick way to refer to Proactive's Pain Management Service can be found at [proactive4health.co.nz/pain-management-services/](http://proactive4health.co.nz/pain-management-services/), by searching Proactive Pain Management NZ, or referring via Healthlink with the EDI: proactive.

By taking a truly multidisciplinary team-based approach we are able to 'wrap' a core team of experts from different disciplines around the patient, leading to a client-centric approach to managing pain and its downstream effects with the focus of restoring function and self-management. The core team comprises of a Medical Practitioner with expertise in pain management, an Occupational Therapist, a Physiotherapist, and a Clinical Psychologist. Among others, a wider team can include Dieticians, Osteopaths, Counsellors and extremely valuable access to Clinical Pharmacists.






# Transforming Our Service


## Digital Standardisation


Steven J. Russon



 Acurity Health Group

 Taking Pre-Assessment Online

 Steven J. Russon,  
Change Manager

 (04) 920 0131

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



**"We're continuously embracing new technology to ensure we deliver you and your patients world-class healthcare. Here's another example."**

Steven J. Russon

## Taking Pre-Assessment Online

We're leading New Zealand private healthcare with our new state-of-the-art digital technology, with our **online patient portal soon to be a first of its kind in the country.**



Through our digitisation strategy, our new online portal is designed to improve the patient's journey and experience through a simple and streamlined tool.

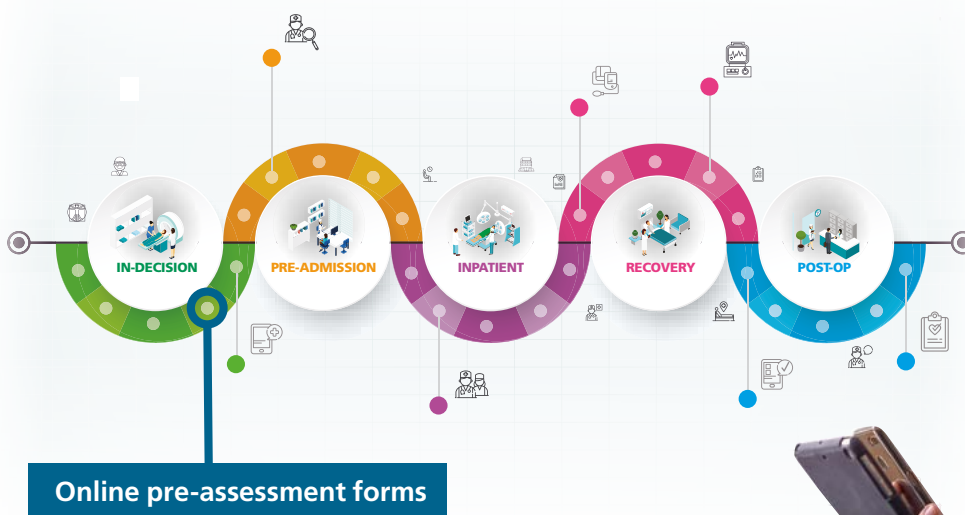
Soon our patients will be able to complete their admission paperwork online.

The transition to a digitalised patient admission is welcomed from staff across

the Acurity group. **"The portal will ensure that their completed forms are received by the hospital straight away and this will minimize any confusion or delay,"** Sally Wrenn, PA for Bay Surgical at the Royston Centre, Hawke's Bay.

Our online admission portal is scheduled to be available this year.

### Improving our processes





# Robotic surgery arrives to Wakefield Hospital

📍 Wakefield Hospital

★ State-of-the-art Technology

☎ (04) 920 0131

✉ admin@acurity.co.nz

🌐 www.acurity.co.nz



**We strive to make surgery more effective less invasive and easier on surgeons patients and their families**

## Wellington has received its first da Vinci Xi, a state-of-the-art surgical robot at Wakefield Hospital.

Controlled by the surgeon via a console, the da Vinci Xi surgical system enables trained surgeons to perform minimally invasive surgery with an advanced set of instruments and a 3D high-definition view of the surgical area.

Acurity Health Group CEO, Dr Jonathan Coleman says the purchase of the da Vinci robot comes at a time of major investment for Acurity Hospitals across Wellington and the Hawke's Bay.

"The da Vinci Xi robot is the top-of-the-line model, and will be the second Xi model in New Zealand.

Having this leading technology available in Wakefield Hospital is a major milestone for our surgeons who will use the robot, and patients who will benefit from its use during minimally invasive procedures," says Dr Coleman.

The da Vinci Xi robot is widely used in specialities such as urology, gynaecology, and general surgery.

"The benefit of the da Vinci Xi robot is the precision, accuracy and range of motion it provides – improving both surgery and recovery for patients," says Dr Coleman.

With over six million da Vinci patients worldwide, and a da Vinci surgeon starting a new procedure every 36 seconds, it is clear that surgical specialities are increasingly moving towards robotic surgery.

Wakefield Hospital is the fifth Hospital in New Zealand to purchase a da Vinci surgical robot, with the other robots located in Auckland, Christchurch, and Tauranga.

Any questions or queries please do contact admin@acurity.co.nz or (04) 920 0131.



**5,000,000**  
**international**  
**da Vinci patients**  
(and counting)

# Transcranial Magnetic Stimulation

(TMS) An Evidence-Based Non-Invasive Neurostimulatory and Neuromodulatory Technique



Avril Scott

Re-centre

Mental Health

Avril Scott  
Clinical Nurse Specialist

(09) 884 8350  
EDI: nzbhlakl



www.re-centre.co.nz  
referrals@recentre.co.nz



**In the 2017/2018 New Zealand Health Survey, more than 650,000 – or one in six – New Zealand adults had been diagnosed with depression at some time in their lives, and 8% of adults reported serious stress in the past four weeks<sup>1</sup>.**

In both New Zealand and worldwide depression is a leading cause of disability associated with significant personal, social and economic impairment. Chronic symptoms of depression are closely associated with disabling medical conditions<sup>2</sup>. As a relapsing condition, over three-quarters of sufferers experience more than one episode of depression and one third experience enduring symptoms for more than two years<sup>3</sup>.

Effective treatments in this complex disorder have included antidepressant medications and psychological therapies. However, studies have found that even after four trials of varied medication treatment the cumulative remission rate of depression may be up to 67% leaving many “medication resistant”. Many sufferers (around 25%) experience the side effects of medication intolerable, missing out on an adequate trial period to fully assess their effectiveness before discontinuation<sup>4</sup>.

Alone or in parallel, expert therapies like cognitive-behavioral therapy can be effective with similar recovery rates of about 62% after 18-20 sessions<sup>5</sup>.

With the increasing experience of depression worldwide, alternative therapeutic modalities are always sought. An innovative, safe and effective treatment used internationally for some years (yet new to New Zealand) is repetitive Transcranial Magnetic Stimulation (rTMS).

Transcranial Magnetic Stimulation is an evidence-based,

non-invasive neuromodulatory technique. Barker and his team in 1985 developed single-impulse TMS techniques of electromagnetic stimulation, later refined into broad clinical use in the fields of psychiatry, neurology and rehabilitation<sup>6</sup>. Advances in TMS technology have made it possible to administer focussed magnetic impulses to excite or inhibit brain regions, with therapeutic benefit.

rTMS treatment involves a magnetic coil placed over the scalp, above either left or right prefrontal cortex areas. Electrical current is discharged into the coil generating a field and localised magnetic impulse of around 1.5 Tesla magnitude.

The impulse, similar to that of an MRI machine, induces a mild electric current in the neural tissue, to depolarise or hyperpolarise surface neurons and transiently modulate cortical excitability.

As part of our drive to provide this modern, effective technology to New Zealanders, Re-centre is proud to present TMS services from our Parnell clinic from 2020, with a trained team of expert clinicians.

Re-centre utilises an advanced ‘figure-of-eight’ double coil for more precise neural stimulation. High frequency (10-20 Hz) or low frequency ( $\leq 1$  Hz) impulse sequences or “trains”, allow stimulation to be variably applied to the prefrontal cortices inducing both stimulatory and inhibitory effects.



In a 20-30-minute treatment session the client may be administered 1000-3000 TMS impulses in four second impulse trains and 26 second inter-train intervals. The effective stimulus intensity is determined in a preliminary mapping session. The individual's resting motor threshold may be accurately defined by stimulation of the parietal motor cortex and peripheral muscle movement in the hand.

International TMS recommendations suggest an effective treatment course is achieved with 20-30 sessions given over three to five days per week, and a tapering period to conclusion. Throughout each session safety guidelines are followed and the client is monitored by a trained health professional. At Re-centre we are also able to offer the short, equally effective "theta-burst TMS" treatment option, which can be delivered in a three to five-minute session.

A substantial body of research supports the efficacy of rTMS in the treatment of depression by alleviating symptoms, hastening remission and achieving complete recovery in many cases<sup>7</sup>. Typically, individuals experience relief in their symptoms in the first few weeks.

Medication co-treatment may also continue for maintenance of symptomatic relief following effective rTMS courses, and follow up courses of TMS may be planned-for within a personalised care plan and relapse prevention strategies. Therefore, rTMS may offer both an alternative to medication after intolerable side effects or treatment resistance, while also an augmentative co-strategy, enhancing medication's partial effectiveness.

At this stage, rTMS is not recommended as treatment of depression in children and adolescents, but promising research has been conducted in this area.

Studies have also identified efficacy in the treatment of auditory hallucinations and, continue to review TMS effectiveness in disorders like anxiety, PTSD, OCD and Addictions<sup>8-10</sup>. Studies continue to clarify optimal treatment parameters and effective treatment protocols.

Comprehensive assessment and history-taking with a TMS-trained psychiatrist will determine if rTMS is a treatment option for any individual, and their experience with depression. While a non-invasive treatment, potential side effects include localised

mild discomfort and headache, often easily treated by analgesia. Rare adverse reactions include induced seizure or mania, yet these risks are minimised when following strict guidelines and protocols. Contraindications excluding a person from rTMS include an epilepsy diagnosis, previous serious head trauma, or any metal implanted devices in the skull.

**If you have any questions regarding repetitive Transcranial Magnetic Stimulation, and the suitability and referral of your patients, our TMS clinical team at Re-centre are available to assist by phone.**

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## About Re-centre

Acurity Health Group is proud to present the purpose-built psychological medicine clinic Re-centre, in Parnell Auckland, to fellow practitioners and the public.

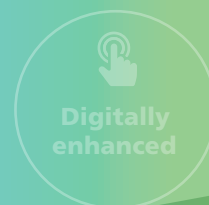
Re-centre opened in late 2019, providing specialist mental health assessment and innovative treatments in a sophisticated and tranquil environment. With state-of-the-art technologies, 11 consulting rooms, shared therapy rooms, a mindfulness and yoga studio and art therapy space, clients can choose from among personalised programmes of care meeting their specific needs and supporting their recovery. A client's care experience is integral to Re-centre's person-centred and innovative services, presented by professional, compassionate clinicians.

 **Re-centre**





# Connect 2021 GP CONFERENCE



## Kia Ora, join us at Connect 2021

**Due to the impact of Covid-19, we made the difficult decision to postpone Connect 2020 which was scheduled for May.**

On behalf of the organising committee, Evolution Healthcare and Acurity Health Group, we are delighted to confirm our new date for Connect Conference, now scheduled to be held over Tuesday 16 and Wednesday 17 March, at Te Papa Museum, Wellington.

As the leading lower North Island conference for GPs, with a growing popularity year-on-year, we anticipate Connect 2021 will reach capacity for registrations. The positive feedback we receive every year, and the majority of delegates transferring their registrations for next year, has inspired us to make our conference even greater than what was already planned.

Connect 2021 will continue with the theme Health Through the Ages. From Older Adults right through to Paediatrics, various topics will be explored with some of the best presenters,

world leading researchers, highly skilled specialists and expert healthcare professionals helping you stay up-to-date for primary care practice.

We are delighted to have keynote speakers presenting on various topics such as Family Violence, Mindfulness for GPs, and LGBTQIA+ Gender Affirming Healthcare and GP Cultural Competence.

We look forward to you joining us over two days of networking, education, skills development, debate and discussion. There will be numerous opportunities to enhance your knowledge, widen your network, and help shape the future of primary health care.

Nga mihi,

Connect Organising Committee  
Evolution Healthcare | Acurity Health Group

**Good news: If you're a delegate who had registered for Connect 2020, your registration has been transferred to our new March date. If you'd like to discuss your registration, please contact us at [connect@acurity.co.nz](mailto:connect@acurity.co.nz)**

**Registrations  
re-open  
August**



Event Partners



# New Consultants

Re-centre is now open in Auckland. Please contact the following consultants directly if you would like more information about their specialties.

## Re-centre



### Dr Jannes Bornman

FRANZCP

#### Consultant Psychiatrist

P: (09) 884 8350

F: (09) 282 4872

E: [referrals@recentre.co.nz](mailto:referrals@recentre.co.nz)

Dr Jannes Bornman was born and raised in Pretoria, South Africa. Jannes moved to NZ with wife and young daughter at the end 2017. He has a special interest in Evolutionary Psychiatry and Psychology as an explanatory model for mental health difficulties. He also is interested in Neuropsychiatry and Recovery oriented practices.

After studying at South African Military Health Service together with officer training in the military, Jannes commenced undergraduate medical studies at the University of Stellenbosch. Soon after graduating he entered Psychiatric training at the University of Cape Town where he gained a Fellowship with the College of Psychiatrists of South Africa in 2007. Since then he has gained a wealth of experience in a wide variety of Public Health Care facilities across South Africa, the UK and now in New Zealand.

#### Special Interests

Evolutionary Psychiatry and Psychology, Neuropsychiatry and Recovery oriented practices.



### Dr Campbell Emmerton

FRANZCP 2009, MBChB (Otago) 1992

#### Consultant Psychiatrist Re-centre Medical Director

P: (09) 884 8350

F: (09) 282 4872

E: [referrals@recentre.co.nz](mailto:referrals@recentre.co.nz)

Dr Cam Emmerton presents optimistic, expert care in the field of adult psychiatry, following international experience in treating anxiety states, mood and psychosis, psychosomatic conditions, trauma, dependency states and neuro-developmental brain disorders.

In an educative, personable engagement, he helps people better understand their experience, set goals and solve problems. Cam utilises a collaborative psychotherapeutic style alongside considered medication treatments and TMS, towards personal emotional growth.

Cam provides personal supervision and mentoring therapy to professionals experiencing challenges in their high-performance lives.

Cam has joined Re-centre to lead innovative and comprehensive psychological medicine services in Auckland.

#### Special interests

Anxiety states, mood and psychosis, psychosomatic conditions, trauma, dependency states and neuro-developmental brain disorders.



### Dr Jasminka Milosevic

FRANZCP, Certificate in Adult Psychiatry 2015, Doctor of Medicine, PG Cert in Health Sci (Child mental health), Dip Art (Psychology), PG Dip in CBT

#### Consultant Psychiatrist

P: (09) 884 8350

F: (09) 282 4872

E: [referrals@recentre.co.nz](mailto:referrals@recentre.co.nz)

Dr Jasminka Milosevic offers expert care in the field of adult psychiatry. She is a Fellow of the Royal Australia and New Zealand College of Psychiatrists and has completed a Certificate of Adult Psychiatry. She has a keen interest in perinatal and women's mental health, mood disorders (anxiety, depression and bipolar disorder), psychosis, transcultural psychiatry, trauma and resilience building. She showed a keen interest in mental health and completed further education in psychology, child, infant and adolescent mental health, and cognitive behaviour therapy. She has interest and works in several therapeutic modalities. In addition to treatment (pharmacotherapy and psychotherapy), Jasminka also provides personal supervision and mentoring therapy to professionals experiencing challenges in their high-performance lives.

#### Specialty

Psychiatry

#### Special interests

Perinatal and women's mental health, mood disorders (anxiety, depression and bipolar disorder), psychosis, transcultural psychiatry, trauma and resilience building.



### Dr David Tan

MBChB, FRACP (Paediatrics and Child Health), RANZCP (Cert. Child Adol. Psych.)

#### Consultant Psychiatrist

P: (09) 884 8350

F: (09) 282 4872

E: [referrals@recentre.co.nz](mailto:referrals@recentre.co.nz)

Dr David Tan is a child and adolescent psychiatrist and paediatrician. He, therefore, has an extensive understanding of the paediatric and mental health issues of children and young people.

His particular interests include assessment of neurodevelopmental disorders including assessment for Autistic Spectrum Disorder, and assessment and treatment for ADHD, as well as mood and anxiety disorders.

He also works as a Child and Adolescent Psychiatrist for the Pacific Community Mental Health Service in Waitemata District Health Board.

As a parent and advocate for young people David believes supporting developmental trajectories is key in maintaining health and that every individual is a valued member of a collective.

#### Specialty

Psychiatry

#### Special interests

Paediatric and mental health issues of children and young people, assessment of neurodevelopmental disorders including assessment for Autistic Spectrum Disorder, ADHD, mood and anxiety disorders.

# New Hospital Consultants

Welcome to the following consultant. Please contact Elaine directly about their specialties.



## Dr Elaine White

MB ChB 1999 Glasgow; MRCOG  
2005; CCT (UK) (Obst & Gyn) 2009

### Gynaecologist

P: (06) 281 2797  
F: (06) 281 2798  
E: office@unityclinic.co.nz

I graduated from University of Glasgow in 1999. My O&G Specialist Registrar training was done in the North East of England and I obtained my CCST in 2009. I was a O&G Consultant in Northumbria Healthcare NHS Trust from 2009 till 2015 when I moved to NZ.

During my training my advanced training skills modules I undertook were in advanced laparoscopic and abdominal surgery and gynaecology oncology. I also gained experience in operative and diagnostic hysteroscopy and trained in colposcopy.

I moved to Hawke's Bay with my family in June 2015.

### Specialty

Gynaecology & Obstetrics

### Special interests

- Colposcopy
- Endometriosis
- Hysterectomy
- Menopause
- Oncology
- Menstrual problems
- Laparoscopic Surgery (Gynae)
- Paediatric and adolescent gynaecology.

Along with our Consultant Anaesthetists we ensure that we provide an all-female operative team.



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

Royston Hospital is the number one provider of private surgical services in the Hawke's Bay region. With highly qualified and experienced specialists and nursing professionals, welcoming facilities and the latest in equipment and surgical techniques, at Royston you are in great hands.



Part of the Acurity Health Group





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## Newsletter feedback/ideas are welcome:

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