

THE LAKEVIEW
latest



ISSUE 4 | SUMMER 2021



The End of an Era

Lakeview welcomes a new General
Manager as we farewell Rosemary
McDonald

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MERRY CHRISTMAS

from Lakeview Private Hospital

We will be closed from 4pm
on the 23rd of December
and will reopen on January
the 10th 2022.

Wishing you all a very Merry
Christmas and all the best
for the new year!



LAKEVIEW
PRIVATE HOSPITAL

ALL STAFF ARE
INVITED TO A

*Farewell
party*

HONOURING
ROSIE MCDONALD

TUESDAY 21 DECEMBER 12PM-2:30PM
LAKEVIEW CAFE

INTRODUCING OUR NEW General Manager

Lakeview Private Hospital is proud to announce the appointment of Jasene McAlister as their new General Manager.

Jasene has been an integral member of the LPH team since 2014. Her involvement predated the opening of the hospital, as she was part of the core group who helped design and put in place many of the operational process that helps our theatres and recovery units run as effectively as they do today.



General Manager, Jasene McAlister

Jasene originally held the position of Nurse Unit Manager for Recovery, Anaesthetics and Pre-Admission from the hospitals opening in 2015 through to 2019. Over the last two years, she has been exceptional as our Perioperative Manager.

Jasene's appointment follows the announcement of Rosemary McDonald's retirement. Rosemary is retiring after countless years of dedication to LPH, being front and center in growing LPH into the wonderful facility it has become. The loyalty and affection the LPH staff have for Rosemary comes from the professionalism she shows to everyone she works with. She is universally respected and liked, and will be dearly missed.

Rosemary could not think of a better successor than Jasene.

"Jasene has been a magnificent support to me from the very beginning when there was only a handful of us trying to put this hospital together. I have no doubt she will carry on the wonderful culture we have all created over the years that makes LPH a very unique place"

The Chairman of the Board, Dr Fred Betros, joins Rosemary in her belief in Jasene.

"Rosie's role and contributions to our organisation cannot be overstated, but I have no doubt that Jasene has those qualities as well and we wish her all the very best in this new role. Please join me in welcoming Jasene to this position and can I once again take the opportunity to thank Rosie for all her contributions to Lakeview Private over the years and wish her all the very best in her retirement."

HOODED EYELID TREATMENT

by Dr Naveen Somia

The hooding of the upper eyelids makes one look older and tired and less energetic. People who seek surgery for hooded eyelids do so because they want their eyes to look more open and convey an impression that they look refreshed and less tired.

But what patients do not realise is that hooded eyelids restrict their field of vision. Since the hooding happens gradually over time it goes unnoticed. Restricted field of vision impacts daily activities. Symptoms such as heaviness and headaches are common at the end of the day and patients find it hard to read in dim light and drive at night.

Why hooded eyelid surgery is not considered cosmetic?

Hooded eyelid surgery improves the visual field and addresses symptoms such as headaches and heaviness of the eyes. The cosmetic benefits are obvious due to restoring normal eyelid anatomy.

Patients are unaware of the functional benefits of eyelid surgery and often assume it is cosmetic. This is not the case.

Causes of hooded eyelid

Hooded eyelid is caused by a combination of excess skin, drooping fat, and a heavy drooping eyebrow.

Eyebrow droop causing eyelid hooding is more noticeable in the outer half of the upper eyelid and is more common in men than women. The eyebrow skin is thicker and heavier than normal eyelid skin and this extra weight pushes the upper eyelid down.

Who would benefit from hooded eyelid surgery?

- Patients with hanging excess upper eyelid skin or eyelid hooding
- When the 'hooding' or excess skin restricts visual field, causes heaviness in the eyelids and tension headaches
- When the hooded eyelids along with droopy eyelids that make you look tired and sleepy

What are the benefits of hooded eyelid surgery?

Eyelid surgery improves the visible signs of ageing and give you a fresh, rested, and youthful look. Although most changes are noticeable straight away, we recommend waiting for 12 weeks for all the temporary changes including swelling to resolve to experience the result.

1. Improvement in visual field and facial fatigue caused by excessive and constant frontalis (forehead muscle) compensation due to hooded eyelids
2. Improved quality of life activities, improved reading, and other close-work activities
3. Reduction of symptoms of discomfort, heaviness, and headaches due hooded lids.
4. Increased productivity in people under the age of 65
5. Reduction in the risk of falls in people over the age of 65
6. Studies demonstrate that individuals are rated as appearing more youthful, energetic, and healthy following

7. blepharoplasty or eyelid surgery to correct hooded eyelids.

Is hooded eyelid surgery covered by Medicare and Private Health Insurance

If a visual field defect that is caused by the hooded eyelid can be demonstrated by a formal visual field test performed by an optometrist or ophthalmologist, you will be eligible for Medicare benefits. Your private health cover depends on your level of cover. Before embarking on surgery, it is advisable to check if you have health fund cover.

The operation

The operation is usually done in hospital under either a light general anaesthetic or local and sedation. Depending on the complexity, the operation can take between 1.5 – 2.5 hours.

What does the procedure involve?

This operation is not a cookie cutter operation and has to be customised to be effective. Although the pattern of ageing is similar in most people the degree of ageing varies. The complex interplay between the eyebrow, eyelid skin, fat and bone add to the complexity. In the main this operation involves

- Removal of excess eyelid skin
- Correct upper eyelid ptosis
- Either a short scar brow fixation or an endoscopic brow lift

Day-stay or overnight stay?

It can be done as a day stay procedure or an overnight stay.

Downtime and recovery

- Age, general health, and quality of skin will influence recovery, swelling and bruising. Bruising and swelling may last up to 2 weeks.
- During the first week you may not feel comfortable to be seen by people but as the bruising and swelling settle you will feel better.



“Eyelids are delicate but sophisticated structures that protect the eye. Extra care, not trivialisation, is the best approach to get good, natural, and long-lasting results”

- During the first week, when the eyelids are swollen you will be able to keep them open for short periods of time and find it more comfortable to keep the eyelids closed.
- Light activities are allowed for the first 4 weeks, and you can start your normal activities including going to the gym after 4 weeks.

How long do the results last?

Hooded eyelid surgery is about resetting the ageing clock but not stopping it. A well performed eyelift can last eight to 10 years.

Summary

Because the eyelids are relatively small structures, eyelid surgery is often trivialised by a biased narrative that oversimplifies the eyelid surgery procedure (“It’s only a bit of skin removal”) and a biased narrative that eyelid surgery is all about vanity.

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Nothing can be further from the truth. Eyelids are delicate but sophisticated structures that protect the eye. Extra care not trivialisation is the best approach to get good, natural, and long-lasting results.



Photo: 59-year-old female, 3 months after correction of Hooded upper eyelids using a combination of techniques. Patient reported improvement of visual fields and relief from a feeling of heaviness.

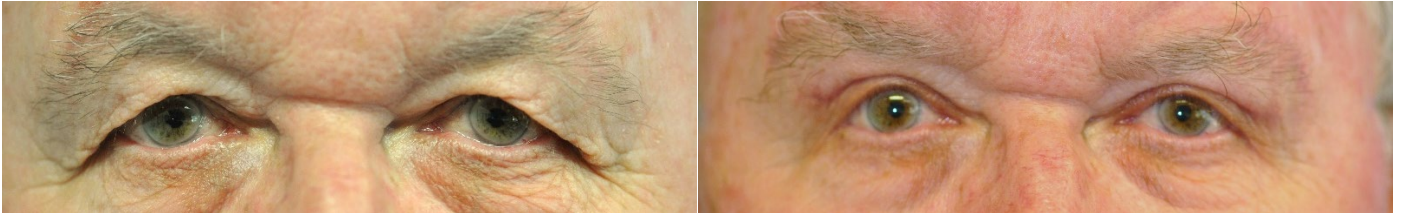


Photo: 70-year-old male, 3 months after correction of Hooded upper eyelids using a combination of techniques that addressed age related changes in the eyebrow, eyelid skin, muscle and fat. Patient reported improvement of visual fields and relief from a feeling of heaviness.

***DISCLAIMER:** The information provided does not constitute formal medical advice. Surgical procedures have risks. Please seek an opinion from a qualified and registered specialist surgeon.*

ABOUT THE AUTHOR

Dr Naveen Somia is a Specialist Plastic Surgeon in Sydney and the Immediate Past President of the Australasian Society of Aesthetic Plastic Surgeons (ASAPS).

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GIFT WALKS FOR CHARITY

Every year, our After-Hours Manager and WHS Coordinator, Gift Musiwa, participates in the Bloody Long Walk with his wife, and this year was no different!

On the 21st of November, Gift walked 35km from Palm Beach to Manly Promenade to support people with mitochondrial disease (mito).

Mito affects 1 in 5000 people, making it the second most commonly diagnosed, serious genetic disease after cystic fibrosis. One in 200 people, or more than 120,000 Australians, may carry genetic mutations that put them at risk of developing mito or other related symptoms.

For more information, visit bloodylongwalk.com.au.

FROM KNEE SURGERY TO A *marathon*

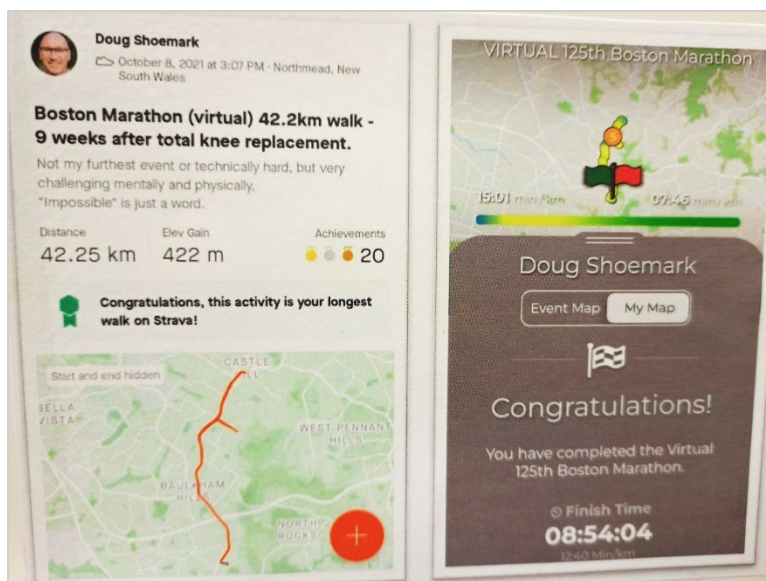
How the Lakeview Private Rehabilitation team helped one patient reach his goal just 9 weeks after surgery

When Doug Shoemark arrived on the Lakeview Rehabilitation ward a couple of days following a total knee replacement on his right knee in late August, he had his sights set on walking a marathon in October. An avid runner in the past, Doug was keen to get his fitness back, and with the guidance of our physiotherapists, exercise physiologists and rehabilitation doctors, made a virtual version of the Boston Marathon his goal.

Through both our inpatient and outpatient rehabilitation programs, Doug worked closely with our rehabilitation team to develop a program tailored specifically to his needs. From rehabilitation physicians, nurses, physiotherapists, and occupational therapists to social workers, discharge planners, and dieticians, the focus was on comprehensive patient-centered care.

We were delighted to hear from Mr Shoemark in October that he had reached his goal and had successfully completed the virtual Boston Marathon- a 42km walk, just nine weeks after his total knee replacement! Congratulations Doug, you have impressed us all!

Thank you for your care, support and expertise during my stay. You got my rehab off to a great start, enabling me to achieve my goal: completing a marathon walk (42km) just 9 weeks after surgery. Thank you, Doug Shoemark.



LAKEVIEW PRIVATE REHABILITATION

Referrals are welcome from specialist consultants, rehabilitation physicians, GPs and other hospitals.

Please contact us on 02 8711 0247 or by emailing rehab@lakeviewprivate.com.au

HAEMORRHOIDS

Aetiology and Management

By Dr Sanjay Adusumilli

Haemorrhoids are normal anatomical structures important in continence. They are vascular cushions which accommodate sensation around the anal canal.

When haemorrhoids become troublesome, they generally cause painless bleeding. This is in contrast to an anal fissure which cause painful bleeding. Haemorrhoids can still be painful when they are external and thrombosed, but these can be easily seen during examination.

Common features that predispose patients to symptomatic haemorrhoid formation include constipation or diarrhoea and straining. Other risk factors include obesity, pregnancy, and regular heavy lifting.

Haemorrhoids are often classified as being internal or external. A more precise description is performed using the Goligher grading:

Grade 1 – Bleeding haemorrhoids with no prolapse

Grade 2 – Prolapse with spontaneous reduction

Grade 3 – Prolapse needing manual reduction

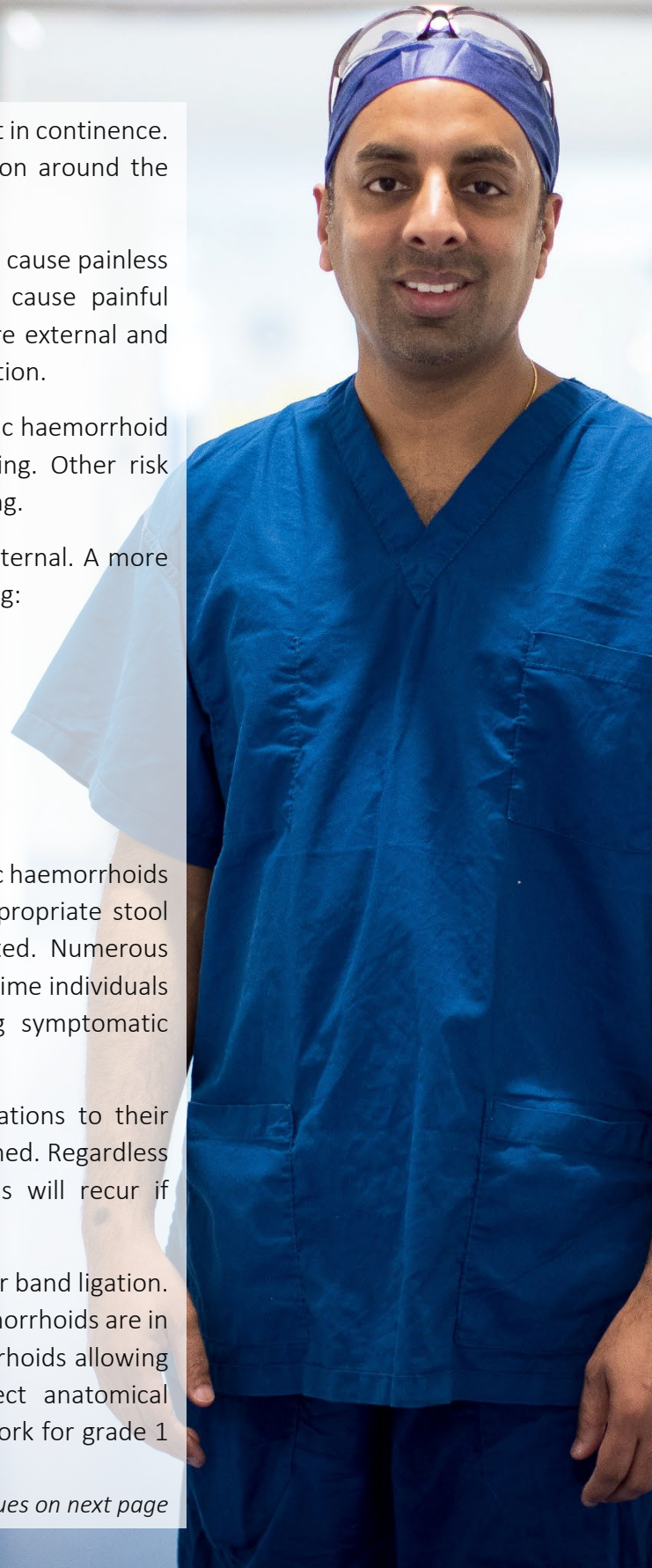
Grade 4 – Prolapsed and unable to be reduced

Over the years many options for treatment of symptomatic haemorrhoids have been described. Regardless, the importance of appropriate stool consistency and reduced straining cannot be understated. Numerous studies have found a correlation between the amount of time individuals spend on the toilet and the likelihood of developing symptomatic haemorrhoids.

For all my patients I stress the importance of modifications to their toileting prior to any operative intervention being performed. Regardless of the type of surgery being conducted, haemorrhoids will recur if inappropriate bowel habits are not altered.

The most benign intervention for haemorrhoids is a rubber band ligation. This, however, is not an appropriate description. The haemorrhoids are in fact not ligated. The bands are placed above the haemorrhoids allowing for prolapsing haemorrhoids to return to their correct anatomical position. The bands are exceedingly small and will only work for grade 1 or 2 haemorrhoids.

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The gold standard for treatment of external haemorrhoids (grade 3 or 4) remains excisional surgery using the Milligan Morgan technique. It should be stressed that only a certain amount of haemorrhoidal tissue can be removed to minimise the risk of anal stenosis. There is also a risk of faecal incontinence and leakage. Most importantly, patients need to be warned of the pain associated with such operations and that they will be cursing their surgeon for at least 2 weeks.

Other procedures have been described over the years including:

1. Injection (or sclerotherapy) – This has become a less favoured option over the years due to high recurrence rates and reduced availability of sclerosants.
2. Stapled haemorrhoidectomy – The use of this has declined over time. It is only useful for grade 2 and 3 haemorrhoids. It is associated with higher levels of chronic pain and more severe complications when they do occur.
3. HALRAR (Haemorrhoid artery ligation and recto-anal repair) – This procedure involves ligation of haemorrhoidal vessels using a doppler probe followed by a suture repair of the prolapsed tissue. A number of studies have disputed the utility of haemorrhoid artery ligation given that it would appear haemorrhoids are not supplied by arterial vessels. Some trials have found that the suture repair of the prolapse alone was just as effective.

It should be appreciated that the treatment of haemorrhoids can be complex and involves a multi-factorial approach. Anyone with refractory symptoms, despite changes to their toileting habits, should be referred to a suitably qualified colorectal surgeon.



ABOUT THE AUTHOR

Dr Sanjay Adusumilli is a General and Colorectal Surgeon employed in the Sydney West Area Health Service. He performs surgery on both public and private patients.

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What's the buzz?



I had never been a patient at Lakeview Private and recently had surgery at the hospital with a 2 night stay under Dr Brendan Ryan. The moment I checked in - the staff at the front desk, pre-op, theatre, and recovery were kind, polite and courteous.

Staying on the surgical ward - the room I was in had the most awesome view during the day and night. It was super clean and tidy and even the bed was comfortable! A big thank you to Dr Ryan, Nurse Amanda, NUM Kathryn, and Kathryn's nursing staff, cleaners, meal services and ward porters for making my stay a comfortable and pleasant experience. - Tracey

Our patients have some pretty amazing things to say about their care! Have a look...

Wonderful experience from admission, theatre, recovery and ward. Spotlessly clean and modern equipment. No out-of-pocket expenses, after standard fund excess. So well cared for by the staff. Barista hot coffee in a mug. I didn't want to go home!
-Tony

I recently had two eye procedures at the day surgery hospital and wish to share my experience. From Admission til discharge I had the feeling of complete confidence in every staff member I had a dealing with. The staff were all very friendly and communicated things clearly and precisely. I can't remember all the names, but I wanted to especially thank Anita, Micaele, Corey and Christina. They were wonderful. If I ever require surgery again my first choice will be your institution. Please keep up the good work.
- Angelique



'TIS THE SEASON TO BE

jolly



This year, all our departments took place in our first annual Christmas Decorating competition! All our staff were invited to showcase their Christmas Spirit by decorating specific areas in their departments. Three independent judges were asked to judge each department on Christmas Spirit, originality, creativity, and enthusiasm.

The judges were blown away with the enthusiasm and Christmas Spirit shown by all the staff while judging. They commented that despite it being a challenging year for many healthcare workers, the effort put into the competition was a testament to the culture of the hospital and an absolute delight.

They found it extremely hard to pick a winner, and it came down to only a few points!

CSSD

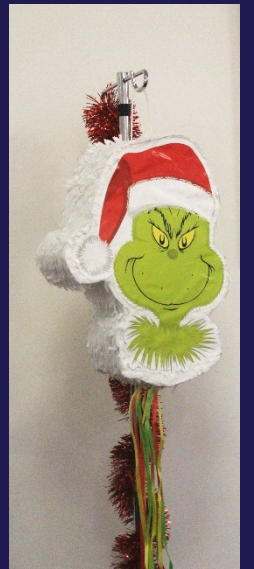


REHABILITATION

RUNNER-UP



THEATRES



RECOVERY



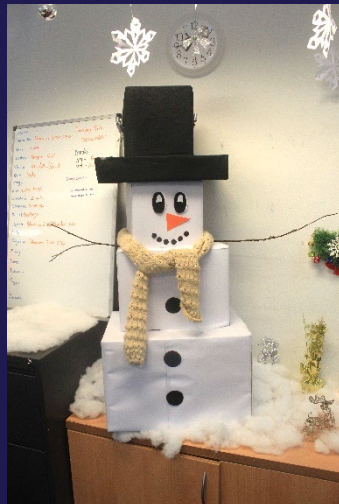
SURGICAL



ALLIED HEALTH



ADMINISTRATION







KEEPING FOOD SAFE THIS festive season

Summer and the festive season are about spending quality time with family and friends and enjoying special summer treats such as BBQs and seafood.

This time of year can see a spike in food poisoning incidents as people host meals for larger numbers than they are used to, cooking foods they're not familiar with and eating outdoors where the warmth of summer can offer the ideal environment for bacteria to grow.

Salmonella is the most common bacteria associated with food poisoning which grows quicker in the warmer months. When large quantities of food are cooked and left out in the open for long periods, food poisoning bugs can spread and multiply. Fridges that are overfilled with leftovers and kept at 5°C or above also pose a risk.

Here are a few simple tips to make sure you stay healthy and happy this holiday season:

- Don't wash uncooked raw meat – it can spread harmful bacteria around your kitchen
- If food has been on the table for more than 2 hours, bin it – hot food needs to stay hot and cold food needs to stay cold
- 'Ham bags' are a great way to keep your ham fresh and maintain quality. A clean cotton pillowcase will do the trick too
- Keep your fridge at or below 5°C
- If you're having seafood, ensure you only buy from a reputable retailer and take an esky or cooler bag to ensure it stays cool
- Hot food needs to be kept and served at 60°C or hotter
- Use a thermometer to ensure your food is cooked all the way through
- If having a BBQ, use separate plates and utensils for raw and cooked meat and ready-to-eat foods
- Refrigerate leftovers and then eat or freeze them within 3 days
- Refrigerate food within 2 hours of preparing and reheat it to at least 75°C to prevent bacteria from growing
- Plan ahead for a slow safe thaw in the fridge – never defrost food on a bench. Turkey can take up to three days to defrost safely in the fridge
- Use a separate cutting board and knife for raw meat and ready-to-eat foods
- Make sure you don't overload your fridge as it reduces airflow and increases the temperature, creating breeding grounds for bacteria