SIR CHARLES GAIRDNER HOSPITAL

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FOREWORD

The information contained in this directory is intended to assist General Practitioners in accessing the services of Sir Charles Gairdner Hospital.

I trust this directory will support effective communication. Our medical, nursing, allied health and support staff endeavour to make all hospital visits comfortable for our patients and to provide them with the best outcomes possible.

SCGH is a fully accredited teaching hospital providing tertiary level care to the people of WA. SCGH currently has 608 funded beds of which 89 are day patient’s beds. Each year the hospital treats approximately 74,000 inpatients, 69,000 Emergency presentations with 382,000 outpatient visits to clinics, allied health, pharmacy and diagnostic outpatients. All clinical specialties are available with the exception of complex burns, paediatrics, obstetrics and gynaecology. It is the State’s referral centre for elective neurosurgery, complex radiotherapy and adult liver transplantation. In addition to clinical services, SCGH has a strong commitment to teaching and research.

SCGH is currently in a new phase of extensive redevelopment as part of the Health Reform process. Clinical service planning is continuing to determine how best to deliver clinical services in the future including models of care based on best practice. The aim is to design a health care facility that is based on innovative, strategic, evidence-based care with a clear focus on ambulatory care for the future.

I encourage your suggestions to help ensure that SCGH continues with its strong customer focus in promoting a continuum of care and best practice in clinical care for our patients.

Our staff are committed to providing high quality clinical care and forming strategic alliances with other service providers to further enhance our service, research, education and training expertise.

Dr Victor Cheng
Executive Director
Sir Charles Gairdner and Osborne Park
Health Care Group
North Metropolitan Area Health Service
IMPORTANT TELEPHONE NUMBERS

Within Sir Charles Gairdner Hospital:

USE THESE NUMBERS FOR EMERGENCIES, REFERRAL ADVICE, INQUIRIES, AND RESULTS OR TO ACCESS ANY EMERGENCY DEPARTMENT SERVICE

Emergency Department GP hotline*
*For clinical queries, country or complex cases only. For straight forward metropolitan referrals a letter accompanying the patient is sufficient (a phone is not required)

1800 247 205 or 6457 7255 Fax: 6457 2620

PathWest (Test Results)
(all hours)

13 7284 (13 PATH)

SCGH Switchboard

6457 3333

Medical Record Information
(24 hours / 7 days)

• GP Desk

Fax 6457 3523

Referrals – Central Referral Service

Note for immediate referrals ring the Registrar via switchboard (64573333) and ask for an urgent appointment, then fax the referral direct to them

*Immediate referrals are those that need to be seen within 7 days eg fractures, newly diagnosed cancers.

Referrals – Central Referral Service

for non –immediate referrals*:

Secure messaging (preferred method) Healthlink
Secure Messaging: ‘crefserv’, or

Fax 1300 365 056, or

Post: PO Box 3462, Midland WA 6056

Other useful numbers:

St John Ambulance

EMERGENCY 000
Non-Emergency 6457 1234

Police

EMERGENCY 000
Non-Emergency 9222 1111

Poisons Information Centre

131 126

Psychiatric Emergency Team

1300 555 788
Rural Free Call 1800 676 822

Royal Perth Hospital

9224 2244

Fremantle Hospital

9431 3333

Fiona Stanley Hospital

6152 2222

King Edward Memorial Hospital

6458 2222

Princess Margaret Hospital

9340 8222

Silver Chain General Enquiries

9242 0242

General Referrals

9242 0347

Home Hospital Referrals

1300 Home Hospital (1300 466 346)
REFERRALS

- **Emergency Department**
  Refer directly with appropriate medical/social information, which should be sent with patient. A letter is usually sufficient (no need to ring). For complex or country patients, or for advice ring 6457 7255.

- **Outpatients - “Immediate” referrals (patient needs to be seen within seven days)**
  Ring the relevant Departmental Registrar or Specialist via switchboard 64573333 to arrange an immediate referral – they will give you a fax number to send the referral to. Examples of immediate referrals include newly diagnosed cancers, and acute fractures needing review. Immediate referrals should not be sent to the Central Referral Service.

- **Outpatients – routine referrals**
  All routine (non immediate) referrals should be sent to the Central Referral Service (CRS). The referral will be reviewed by a nurse and allocated to an outpatient clinic, usually nearest to where the patient lives. If you want the patient seen at a specific hospital clinic then state the reasons why on the referral.

Referrals to CRS should be made by a Dr (GP or Specialist) or nurse practitioner – do not give to the patient to send to CRS. Referrals may be sent to CRS electronically (preferred), by fax, or by mail:

**Healthlink Secure Messaging: ‘creserv’**

Fax: 1300 365 056
Post: PO Box 3462, Midland WA 6056

**EXCEPTIONS (these should be sent direct to the relevant clinic):**

- Referrals to Mental Health Services
- Referrals to rural outpatient services
- Referral to Allied Health Outpatient services eg ACAT
- Referral to Non – doctor led outpatient services
- Referral to Obstetrics
- Referral to Visiting Medical Practitioners (VMPs) – send direct to their private rooms

**What referral forms can be used**

It is preferred that Drs use referral forms available from the Department of Health website: [http://ww2.health.wa.gov.au/Articles/N_R/Referral-form-templates](http://ww2.health.wa.gov.au/Articles/N_R/Referral-form-templates). This site contains referral forms for adult referrals, paediatric referrals and obstetric and gynaecological referrals (currently, obstetric referrals should be sent direct to a hospital clinic). Template forms compatible with practice software may be downloaded (Best Practice, Medical Director, MedTech, ZedMed, Genie and Practix). If a referring Dr chooses not to use the standard template, minimum referral criteria will still be required. Note referrals written on a Drs Letterhead will also be accepted on the proviso that they contain minimum referral criteria (see above).

- **Referral Guide – Health Pathways**
  Guidelines for referral are being developed under “Health Pathways”. To access the “Health Pathways” website, email healthpathways@wapha.org.au to request log-in details.

- **Referral Policy**
  Referrals for “Privately Referral Non Inpatients” (PRNI) are valid for 12 months after the patient is first seen, unless the GP indicates the referral is for an “indefinite” period.

**Direct access Endoscopy**

Referrals for direct access to metropolitan public endoscopy (gastroscopy or colonoscopy) should be sent to the Central Referral Service (details above). Use of one of the referral templates for endoscopy is mandatory.
HOSPITAL LIAISON GP

For contact by GPs and hospital staff only. The Hospital Liaison GP does not provide advice direct to patients. Patients should contact the “Patient Liaison Service” on 64572867 for advice.

The Hospital Liaison GP provides a contact for Hospital staff and General Practitioners to assist communication between GPs and the hospital. This is a joint appointment of SCGH and the WA Primary Health Alliance (WAPHA).

The Hospital Liaison GP is Dr David Oldham, a local General Practitioner with extensive experience.

WHERE IS IT?
1st Floor, E Block

Availability: On site at SCGH most Tuesdays (8.00-3.00). Available by mobile/email at other times.
Tel: 6457 3595
Mobile: 6457 3333 – ask to be connected
to mobile by hospital switchboard
Email david.oldham@health.wa.gov.au

Queries
Any queries by GPs about specific patients should be directed initially to the relevant hospital department. The Liaison GP should be notified of any major problems or repeated minor problems with Departments.

Objectives
• Provide a consultative service on the GP perspective of patient care.
• Advise on communication problems eg admission, discharge.
• Assist in the development of strategies to improve the integration of services.
• Identify and develop opportunities for General Practitioners through the Divisions, to contribute to hospital services.
• Identify future roles for the Hospital Departments, Units and General Practitioners in the implementation of community-based projects.
• Monitor and evaluate the processes relating to the interface between the Hospital and GP community.

GP visiting rights
There is a Hospital Policy that allows GPs to visit their patients and review their notes, provided that you clearly identify yourself to staff as the patient’s GP, and the patient confirms this.

Request for patient information – GP desk
The GP desk is staffed 24/7. Requests for information from medical records should be faxed to 64573523 on practice letterhead. Indicate how urgent the information is required. Routine requests are usually processed within five working days. Urgent requests can be processed within an hour or two. Requests can include discharge summaries, pathology or radiology results, or copies of outpatient letters (or handwritten Drs notes if no letter has been dictated).

Discharge Summaries
Please note over 80% of patients have a discharge summary sent to their GP within two days of discharge. If you have not received a discharge summary within two weeks of discharge then contact the GP desk as above.

Change in GP details
SCGH maintains a comprehensive database of referring GP details. Please advise SCGH System Support if correspondence is sent to the wrong address or your practice details change by Tel: 6457 3331, Fax: 6457 3067, E-mail: scghsystemssupport@health.wa.gov.au
ABORIGINAL HOSPITAL LIAISON PROGRAM

Service/ Staff Details

Cheryl Smith - Director Aboriginal Health
T: 08 9380 7755  F: 08 9380 7719  E: cheryl.smith3@health.wa.gov.au

Sharon Ramirez – Senior Project Officer – Aboriginal Hospital Liaison Program
T: 08 6457 6350 F: 08 6457 6356  E: sharon.ramirez@health.wa.gov.au

Aboriginal Hospital Liaison Officers – In-Patient Service - Central Office phone number
T: 08 6457 6355

Service/Program Location(s) & Opening Hours

NMHS – Mental Health, Public Health and Ambulatory Care
Sir Charles Gairdner Hospital  Aboriginal Hospital Liaison Program
Ground Floor E Block, Hospital Ave Nedlands WA 6009
Monday to Friday - 08:30 to 16:30 (excluding public holidays)

Service Description

The Aboriginal Hospital Liaison Program provides support for Aboriginal patients and families. Ensuring a smooth transition of their patient journey, whilst in hospital and upon discharge. Aboriginal Hospital Liaison Program consists of Aboriginal Hospital Liaison Officers who provide services to in-patients at Sir Charles Gardiner Hospital (SCGH) and Osborne Park Hospital (OPH), through daily ward visits.

The Program aims to:

- Improve in-patient comfort and wellbeing
- Provide better communication between hospital staff, patient and families
- Inform patients of resources available internally and externally
- Advocate on behalf of patient and family
- Linkages to GP services and other health service providers.

This service has been designed specifically for Aboriginal patients and their families to provide assistance in:

- Social and cultural support to Aboriginal patients and families
- In-patient support whilst in hospital, including referrals
- Advocacy and interpreter support
- Discharge planning support
- Follow up post discharge

Service/ How to Access

PATIENT SERVICES

Aboriginal Hospital Liaison Officers receive a Daily Patient List which identifies:

- Aboriginal patients admitted to SCGH, and OPH
- Current ward location for each admitted Aboriginal patient.

Identification of Aboriginal patient is established at admission through the hospital admission process. Aboriginal Hospital Liaison Officers will make initial contact with in-patient via the patient list details. If patient does not identify as Aboriginal at admission, they will not appear on the list.

In-patient may self-refer by contacting the Aboriginal Hospital Liaison central phone number 08 6457 6355 OR by requesting the service via hospital staff; ward nurses/doctors, social workers, allied health staff or other staff.
Family members may refer in-patients to service by telephoning the Aboriginal Hospital Liaison Officers central phone number 08 6457 6355

DEPARTMENTAL INFORMATION

ALCOHOL AND DRUG SERVICE

*Location:* 2nd Floor D Block  
*Corporate Nursing*

- The service operates Monday to Saturday 0700 – 1530 hours

CONTACT NUMBERS

<table>
<thead>
<tr>
<th>Clinical Nurse Consultant</th>
<th>Ms Etza Peers</th>
<th>Tel: 6457 2774</th>
<th>Pager 4799</th>
</tr>
</thead>
</table>


ANAESTHESIA

Location: 1st Floor, G Block (Green Lifts) Critical Care Division

The Department:

- Provides anaesthetic services for all surgical, medical and diagnostic procedures as required in the Hospital.
- Runs an outpatient anaesthetic pre-assessment clinic, an anaesthetic allergy clinic and an acute pain service.
- Provides teaching and training for anaesthesia fellows, registrars, residents and medical students.

CONTACT NUMBERS

Head of Department  Dr Brien Hennessey  Tel: 6457 4333  Pager 4181
Administrative Assistant  Mrs Kerry Hobson / Hilda Jansen  Tel: 6457 3011
Receptionist  Christine Jones / Sharon Potter  Tel: 6457 3011

Outpatient Referrals

- Allergy Testing  Dr P Platt
- Anaesthetic Allergy Clinic – contact Kerry Hobson / Hilda Jansen on 6457 3011 or fax 6457 4375.

Patient Advice Services

- 24 hour advice available on anaesthetic problems via Duty Anaesthetist - contact via switchboard on 6457 3333.
BREAST CENTRE

Location: 1st Floor, G Block General Surgery Division

The SCGH Breast Centre provides a comprehensive diagnostic and treatment service for women with breast diseases. Specifically the service provides:

- Symptomatic clinics are held five times a week for women with breast abnormalities, referred by GP and other specialists.
- Surgical clinics, for management and follow-up
- Breast Screen WA Assessment Clinics are held twice weekly for women with screen detected abnormalities.
- A diagnostic service including Breast Clinical Assessment, Radiology and Pathology services.
- Multidisciplinary review meetings held weekly with representatives from all related specialities for case discussion.
- Counselling services specifically for women with breast cancer.
- Genetic counselling and screening for women with suspected hereditary breast cancer.

CONTACT NUMBERS

Reception
Telephone 6457 4590  Fax 6457 4897

Specialists
All Specialists are contactable on 6457 4590 during work hours.

Outpatient Referrals
All referrals triaged on urgency.

Proven cancer: For urgent proven cancer requests please fax to 6457 4897. Urgent cancer cases are seen within 10-15 working days.

Anything other than proven cancer referrals should be sent to the Central Referral Service (see Page 3), who will forward on to the Breast Centre.
CARDIOTHORACIC SURGERY

Location: 6th Floor, G Block  
Heart and Lung Division

The Department of Cardiothoracic Surgery provides services for the management of heart and aorta, lung, oesophageal and mediastinal and chest wall diseases. Specifically:

- Cardiac surgery - coronary artery bypass grafting including minimally invasive techniques of off-pump coronary grafting; valve surgery including mitral valve repair and replacement and aortic valve replacement with mechanical and biological valves.

- Lung surgery - lung resection for carcinoma and benign conditions; involvement in neo adjuvant trial for advanced lung carcinoma; lung volume reduction surgery using thoracoscopic techniques.

- Thoracoscopic surgery for pneumothorax and diagnosis of thoracic disorders.

- Management of thoracic trauma.

- Patient educator involved in pre and post-operative management and organising country patient accommodation.

CONTACT NUMBER
Contact Secretary on 6457 2383 or by letter or fax to 6457 2344.
Director: Mr Mark Newman

Specialists : 6457 2383
After hours a consultant may be contacted via switchboard on 6457 3333.

Specialist Interests
- Beating Heart Coronary Artery Bypass Surgery
- Thoracoscopic lung surgery including Lung Volume Reduction Surgery for Emphysema
- Minimally invasive valve surgery

Outpatient Referrals
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).

Urgent referrals via Registrar, 64573333, Pager 4871.

Patient Advice Services
Patient Educator available during working hours; page through Hospital switchboard.
The Department of Cardiovascular Medicine is responsible for the provision of cardiology services for patients admitted as emergencies to SCGH and elective patients referred to SCGH. Cardiovascular Medicine incorporates the Coronary Care Unit (G42, 14 beds), Cardiology ward (G41, 24 beds, incorporating Vascular Surgery), Cardiac Catheter labs, non-invasive cardiology labs and outpatients clinics. The department is situated on the 4th floor of G Block (via Green Lifts).

Services cover acute coronary care, cardiac catheterisation, angioplasty, percutaneous valvuloplasty, electrophysiology pacing and implantable defibrillator services, echocardiography including transoesophageal echocardiography, Holter monitoring, exercise testing, tilt table testing, ambulatory blood pressure recording. It provides an inpatient consultation service; Registrars conduct outpatient clinics under the supervision of Consultants.

There is an active patient education and cardiac rehabilitation programme and an active research programme in clinical trials of coronary reperfusion, heart failure, cardiac arrhythmias, and heart failure management. The Department is affiliated with the Heart Research Institute of Western Australia (Gairdner Campus) and The University of WA’s Schools of Medicine and Population Health.

**CONTACT NUMBERS**

<table>
<thead>
<tr>
<th>Role</th>
<th>Tel</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Department</td>
<td>6457 2677</td>
<td></td>
</tr>
<tr>
<td>Dr Paul Stobie</td>
<td></td>
<td><a href="mailto:scghcardiovascularmedicine@health.wa.gov.au">scghcardiovascularmedicine@health.wa.gov.au</a></td>
</tr>
<tr>
<td>Reception/Appointments</td>
<td>6457 2677</td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>6457 4303</td>
<td></td>
</tr>
<tr>
<td>Cardiac Rehabilitation Co-ordinator</td>
<td>6457 4302</td>
<td><a href="mailto:scgh.cardiorehab@health.wa.gov.au">scgh.cardiorehab@health.wa.gov.au</a></td>
</tr>
<tr>
<td>Julie Prout</td>
<td>4840</td>
<td></td>
</tr>
<tr>
<td>Heart Failure Service A/CNS</td>
<td>6457 4822</td>
<td></td>
</tr>
<tr>
<td>Wendy Dickinson</td>
<td>3884</td>
<td><a href="mailto:scgh.heartfailure@health.wa.gov.au">scgh.heartfailure@health.wa.gov.au</a></td>
</tr>
</tbody>
</table>

**Specialists**

All Specialists can be contacted on 6457 2677 or call the on-call cardiologist via the Registrar or Coronary Care Unit on 6457 1642.

**Special interests**

- Cardiac Electrophysiology and Pacing
- Clinical Trials
- Coronary Care
- Echocardiography
- Heart Failure
- Interventional Cardiology
- Lipidology and Prevention
- Cardiac Rehabilitation

**Outpatient Referrals**

Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3). If an urgent referral is required, the Senior Registrar in Cardiology can be paged via the switchboard and in discussion with the Head of Department will organise for the patient to be seen urgently. Direct bookings for investigations are not available. All patients require clinical assessment first in the Outpatient Clinic.

Outpatient Clinic: 64573113 Fax 64574878
CLINICAL IMMUNOLOGY

Public Outpatient Clinic - CLA5: 1st Floor, E Block  Medical Specialties Division
Tuesday, Wednesday and Thursday mornings
Tel: (08) 6457 3369

Outpatient Referrals
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).
For urgent consultations, telephone the department on 6383 4303
Or contact the Consultant via the switchboard on 6457 3333.

Outpatient Clinic Appointments:
Tel:  (08) 6457 3105
Fax: (08) 6457 4878

Office Location: 3rd Floor, PP Block
Tel:  (08) 6383 4303
Fax: (08) 6457 3160

The Department of Clinical Immunology provides clinical services in:

- Allergy including allergy testing in allergic rhinitis, asthma, antibiotic allergy, and anaesthetic drug allergy
- Angioedema
- Urticaria
- Connective tissue diseases including SLE, Scleroderma, Polymyositis and Rheumatoid Arthritis
- Vasculitis
- Immune Deficiency including HIV infection
- Family studies for selection of organ donors

The Department also provides a Diagnostic Immunology Laboratory Service through PathWest.

Head of Department  Dr Andrew McLean-Tooke

Specialist Interests
- Autoimmune Diseases
- Allergy
- Immune Deficiency
- Connective Tissue Diseases
- Vasculitis
- Drug hypersensitivity
CONTINENCE SERVICE

Location: 6th Floor, G Block

The Continence Service believes that all people with a continence problem, urinary and faecal, will be provided with the best in health care, service and teaching so they can achieve their optimum level of continence.

The Clinical Nurse Consultant (CNC) Continence and Urology provides:

- A consultancy service on continence problem to patients, staff and the community.
- Support and education to staff in relation to continence promotion/management.
- Advice on continence aids and appliances.
- Appropriate follow-up for continuing education and assessment.
- And promotes a climate of caring and respect in relation to a continence problem.

Contact Numbers
(Clinical Nurse Consultant: Continence and Urology – Mary King)

Tel: 6457 3408
Dect: 6457 4487
Fax: 6457 1899  Fax referrals to 6457 4966
Page: 6457 3333 and ask for page 4723

OUTPATIENT REFERRALS

All outpatient referrals to the clinics must be sent to Central Referral Service, highlighting if they require Urology or Continence service.

CLINIC SESSIONS

The continence outpatient service for is for patients post discharge or patients with external referrals from the community; the clinic is situated in the Day Hospital C Block. The service provides clinics for patient’s aged over 65 years with a Consultant review and a nurse led clinic for patients aged under 65 years with urinary, faecal and constipation problems.

Aged Care Clinic (over 65)

: Tuesday pm and Friday am (These clinic days may change depending on the availability of the Consultant) For patients aged over 65. Consultant, advanced trainee registrar – geriatrics and nurse led clinic review the patients for treatment programmes and appliances as required. This is a multidisciplinary clinic with access to physiotherapy, OT and falls physiotherapy if required.

For people aged between 16-65 (nurse led clinic)
The Monday pm is for under 65 years old – please make referral to the continence clinic and not to a nurse’s name as the nurses change position.

The Urology outpatient clinic patients are vetted by the Head of Department, patients referred with haematuria and LUTS are referred to the Urology Nurse Led clinic for assessment prior to Consultant review. Urology Clinic – Urology referral as above NLC are Monday afternoon, Tuesday and Wednesday mornings. Consultant clinics HOD and registrar clinics alternate Monday morning and Tuesday afternoon for initial review and Thursday afternoon for other cases not seen previously or post-surgical procedures.
DERMATOLOGY

Location: E Block, B Link (1st Floor) Medical Specialities Division

The Dermatology Department provides:

- A comprehensive inpatient and outpatient service.
- Patients seen in outpatients are seen as referred patients by General Practitioners or Specialists.
- Minor procedures include skin cancer surgery, diagnostic biopsies, and cryotherapy, patch testing.

SPECIALISTS

**Head of Department**
Dr Jonathan Chan

**Consultants**
Dr Jonathan Chan
Dr Jamie Von Nida
Dr Genevieve Sadler
Dr Tony Caccetta
Dr Rachael Foster
Dr Ernest Tan

**Secretary**
Laura Rigoli

Tel: 6457 1490
Fax: 9287 6931

**Outpatient Bookings**
Tuesday 08:30 - 11:30 - Biopsy Clinics
Tuesday 14:00 – 16:30 – Consulting Clinic
Thursday 08:30 – 11:30 – Biopsy Clinic
Thursday 09:00 – 11:30 – Consulting Clinic
Fax: 9287 6931

**Outpatient Referrals**
Paging the Dermatology Registrar may make urgent requests by GPs and Specialists.

Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).
EAR, NOSE AND THROAT

Location: Area 2, Ground Floor, E Block, Outpatient Building
Next to the Hovea Lane Entrance

• The Department holds a Head, Neck and Tumour Clinic, which is a multi-disciplinary clinic meeting weekly.
• Inpatient and outpatient management for “secondary” referral cases, eg
  - Tonsils
  - Complicated and uncomplicated sinusitis
  - Full spectrum of ear problems
• Audiology Services.
• Voice Clinic in conjunction with the Department of Speech Pathology providing management for complicated voice disorders.

CONTACT NUMBERS

Head of Department: Mr Chris Dhepnorrarat
Secretary
Tel: 6457 3089
Fax: 6457 4899

Surgical Waiting List Enquiries
Tel: 6457 2108 *

Clinic Appointments
Tel: 6457 3089

SPECIALISTS

ALL SPECIALISTS ARE CONTACTABLE ON 6457 3089 OR AFTER HOURS BY PAGING THE REGISTRAR THROUGH THE SWITCHBOARD ON 6457 3333.

Outpatient Referrals
Non urgent referrals should be sent to the Central Referral Service.
Page ENT Registrar if urgent.
The Emergency Department at SCGH provides a 24hr day emergency service for adult patients and is Accredited with the Australasian College for Emergency Medicine for training. The department has a particular focus on toxicology (closely linked to WA Poisons Information Centre), Ultrasound (DDU credentialed ED Consultants) and academic emergency medicine (University of WA).

For most referrals to ED, a letter accompanying the patient is sufficient (phone call not required). Complex cases can be discussed with the Duty Consultant on request via the Operations Manager.

GP Direct referral line: 1800 247 205 or 6457 7255 Fax: 6457 2620

Director of Emergency Medicine: Peter Allely – 6457 2836

Emergency Department Administrator: Sandra O’Keefe - 6457 2836
ENDOCRINOLOGY AND DIABETES

Location: 1st Floor, C Block  
Cancer Division

**Bone and Calcium Disorders** - The premier Western Australian unit for management of these disorders. A multi-disciplinary diagnostic and therapeutic service is offered with expertise in:

- Clinical management.
- Bone densitometry at multiple sites using dual energy X-ray Absorptiometry.
- Radiology of bone disorders including morphometric diagnoses of vertebral fractures.
- Biochemical evaluation of disorders of calcium metabolism (in conjunction with Path Centre).
- A wider range of drug availability than is currently obtainable through the PBS.

**Diabetes** - a multi-disciplinary clinic providing a broadly based diagnosis and management service. The unit has access to excellent facilities in the area of diabetes education, dietetics and podiatry, and is active in diabetes research and in teaching, including nurse educators.

**Pituitary and Adrenal Disorders** - this clinic provides expertise in the management of patients with hypersecretory pituitary and adrenal tumours, non-functioning pituitary tumours and parapituitary lesions eg Craniopharyngioma and meningioma. Comprehensive biochemical assessment (both static and dynamic) is available as is the full range of pituitary imaging procedures, including dynamic gadolinium enhanced MRI. Facilities available for the management of adrenal disorders include the full range of biochemical techniques, imaging (CT, MRI and scintigraphy) and fine needle aspiration.

**Thyroid** – the full range of diagnostic services including thyroid aspiration cytology, nuclear medicine techniques and imaging using MRI and Ultrasound are available with the active involvement of two experienced thyroid surgeons and access to oncological services if necessary.

**Reproductive Endocrinology** – these services include evaluation of patients with ovarian disorders such as polycystic ovary and other female reproductive-related disorders and male gonadal function such as infertility, impotence and hypogonadism.

**General Endocrinology** – for particular services not specified elsewhere the Department offers a general endocrine service.

**Head of Department**  
Dr John Walsh  
Tel 6457 2466

**Outpatient Referrals**  
Clinic  
Tel: 6457 2467  
Fax: 6457 3221

**Gairdner Bone Densitometry Service**  
Enquiries and Bookings  
Tel: 6457 3891  
Fax: 6457 4109

Urgent referrals/admissions – should be arranged by direct contact with the Endocrine Registrar by paging through the Hospital switchboard (6457 3333).

Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).

**Bone Densitometry appointments** – request forms are available from Gairdner Densitometry Services on 6457 3891

**Patient Advice Services**  
Diabetes Education Unit – counselling and education in obtaining and maintaining good control and management of the disease.
GASTROENTEROLOGY/HEPATOLOGY/TRANSPLANTATION

Location: 7th Floor, G Block  
Gastro Renal Division

Inpatient and outpatient consultation for disease of stomach, small and large intestines, liver and pancreas including:

- Endoscopic services.
- Liver Transplantation Services.
- Hepatitis B and C Clinics.
- Haemochromatosis Register.
- Capsule endoscopy.
- Endoscopic ultrasound.

GASTROENTEROLOGY

Upper Gastrointestinal Services
- Gastrointestinal Endoscopy.
- Percutaneous Gastrostomy Tube Placement and Care.
- Therapeutic Endoscopy including Sclerotherapy, Variceal Banding, stent placement/removal and argon plasma coagulation.
- Capsule endoscopy.
- Endoscopic ultrasound +/- fine needle aspiration.

Biliary Tract Services
- ERCP
- Therapeutic ERCP including stone extraction, stent placement and electrohydraulic lithotripsy.
- Mother/baby scope.

Lower Gastrointestinal Services
- Colonoscopy.
- Therapeutic endoscopy including mega polyps, argon plasma coagulation, stent placement and colon cancer screening.

REFERRALS

Routine referrals should be sent to the Central Referral Service (CRS - see “Referrals” on page 3). For Endoscopy referrals a referral template from CRS must be used: see http://ww2.health.wa.gov.au/Articles/N_R/Referral-form-templates

Urgent requests are made directly by contacting/paging the Registrar via the Hospital switchboard on 6457 3333 (Page 4830).

A written request must be forwarded before an appointment will be made.

Gastro Outpatient Clinic: 9457 2031
Procedure appointments: 9457 4467
HEPATOLOGY

Hepatology Outpatient Clinic
phone 6457 3228 or fax 6457 3098.

Urgent requests are made directly by paging the Registrar via the hospital switchboard 6457 3333 Pager 4063.

CLINIC SESSIONS

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Specialty</th>
<th>Location</th>
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<tbody>
<tr>
<td>Monday</td>
<td>13:00 – 16:30</td>
<td>Gastroenterology</td>
<td>1st Floor E Block</td>
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<td>Tuesday</td>
<td>0900 – 12:00</td>
<td>Anti Viral Clinics</td>
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<tr>
<td>Thursday</td>
<td>14:00 – 16:30</td>
<td>Hepatology</td>
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<tr>
<td>3rd Thursday</td>
<td>14:00 – 16:30</td>
<td>Liver Transplant Clinic</td>
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</table>
GENERAL MEDICINE (INCLUDING MAU - MEDICAL ASSESSMENT UNIT)

Location: 7th Floor, G Block Chronic & Acute Medicine Division

- The Department provides an acute general medicine service
- Registrar on duty in Hospital 24 hours
- Specialist on-call via Hospital switchboard

CONTACT NUMBERS

Secretary
Angela Savy
Tel: 6457 3172
Fax: 6457 3204

Specialists
All Specialists are contactable on 6457 3172

Head of Department
Dr Ami Kamdar

General Medicine
Dr S Senaratne
Dr Ayyar
Dr Ketharanathan
Dr S Wei
Dr E Sung

Dr I Wilson
Dr Sujatha Kawry Shanker

Sessional Consultants to the MAU
Dr Chris Kosky (Director)
Dr Matthew Skinner
Dr James Williamson (on leave for most of this year)
Dr Ami Kamdar
Dr Hung Do Nguyen
Dr Charles Morgan (Tony)
Dr Kalyani Mapatuna
Dr Sujatha Kawry Shanker
Dr D Joyce
Dr Richard Shelley
Dr Andrew Klimaitis

Specialist Interests
Clinics ran within General Medicine
Dr S Senaratne General Medicine / Eating Disorders / Obstetrics / Diabetes Mellitus
Dr V Ayyar General Medicine / Cardiology + Gene and tumour screening + Respiratory

Dr S Wei General Medicine / Renal Medicine
Dr E Sung General Medicine / Obstetric Medicine

Clinics not currently ran within General Medicine
Dr A Klimatis General Medicine / Geriatrics and Rehabilitation Care
Dr A Kamdar General Medicine / Geriatrics and Rehabilitation Care
Dr C Kosky General Medicine / Respiratory & Sleep
Dr I Wilson General Medicine / Rehabilitation Care
Dr C A Morgan General Medicine / Geriatric Medicine
Dr J Williamson General Medicine / Rheumatology / Scleroderma
Dr S Ketharanathan General Medicine / Infectious Diseases (on long service leave)

Outpatient Referrals
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).
GENERAL SURGERY
Location: 7th Floor, G Block

A comprehensive service in General Surgery with an increasing trend toward sub-specialisation to concentrate expertise and advance research.

General Services
- Management of trauma.
- Management of routine conditions eg hernias.

Sub-specialised Services
- Breast and Endocrine surgery
- Colorectal surgery
- Upper Gastrointestinal/ Pancreatico-Biliary surgery
- Laparoscopic surgery including lap fundoplication
- Hepato-Pancreatico-Biliary surgery
- Melanoma surgery
- Bariatric surgery

CONTACT NUMBERS

Secretaries (Unit 1-4)  Mrs Maureen Prime  Tel: 6457 3632
                   Tel: 6457 2297
                   Fax: 6457 3712

Head of Department  Mr James Aitken

SPECIALIST CONSULTANT SURGEONS

UNIT 1
Endocrine Clinic  Mr Simon Ryan
9457 1671  Mr D Lisewski

Mr Hieu Nguyen
Mr David Minchin

UNIT 2
Colorectal Clinic  Mr James Aitken
6457 3632  Mr Rupert Hodder

Michael Warner
Andrew Finlayson

UNIT 3
Upper GI/Hepatobiliary Clinic  Dr Jeremy Tan
6457 3713  Mr Richard Naunton-Morgan

Mr Michael Tan
Mikael Johansson

UNIT 4
Breast Clinic  Dr Roshi Kamyab
64574590  Mr Allen Yeo

Dr Farrah Abdul-Aziz

UNIT 5
Transplant  Professor Luc Delriviere
Liver & kidney  Lingjun Mou
64574055  Bryon Jaques

Mr Bulang He (G63)
Outpatient referrals:
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).

Referring GPs are encouraged to contact specific surgeons to discuss difficult clinical problems.

Other Information
The Department is strongly committed to the use of Pre-Admission Clinic and Day of Surgery Admissions in most instances. It is also involved in many quality improvement measures and peer review activities.
HAEMATOLOGY CARE CENTRE

Location: Ground Floor, DD Block Cancer Division

- Modern diagnosis, assessment and treatment of all haematological problems.
- Multi-disciplinary care of haematological malignancies, including autologous bone marrow transplantation.
- Integrated with the full modern laboratory services at PathWest, including flow cytometry and thrombophilia screening.
- Full chemotherapy services integrated with the Department of Medical Oncology in the Day Chemotherapy Unit.
- Therapeutic venesection, iron infusion, plasmapheresis, leukapheresis, stem cell collection.

CONTACT NUMBERS

Outpatient Referrals
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).
Phone for urgent cases

Outpatient Bookings

Tel: 6383 3000
Tel: 6457 3821
Tel: 6457 4216
Fax: 6457 7620

File Room (for notes only)

Tel: 6457 1299

Chemo Bay Clinic Clerk

Tel: 6383 3423
Fax: 6457 2881

Department Manager
Ms Shayne Murray
Tel: 6457 7600
Fax: 6457 7607

Head of Department
Dr Gavin Cull
Tel: 6457 7600

Haematologists
Dr David Joske
Dr Steven Ward
Dr Bradley Augustson
Dr Julie Crawford
Dr Rebecca Howman
Dr Julie Crawford
Dr Carolyn Grove

PATHWEST

Head of Department
Dr Jill Finlayson
Tel: 6457 2554

Secretary to Head of Department
Marilyn Porter
Tel: 6457 2893
Fax: 6457 3848

Duty Haematologist
Tel: 6457 2890

Specialist Interests

- Diagnosis and management of haematological malignancies including Hodgkin’s Disease, non-Hodgkin’s lymphomas, myeloma, acute and chronic leukaemias.
- Autologous stem cell transplantation for malignancy.
- Malaria.
- Haemoglobinopathies.
- Research into causation of lymphoma.
HYPERFERRITINAEMIA: WHO NEEDS VENESECTION?

Hyperferritinaemia is common and is not a good predictor of iron overload. The positive predictive value of raised ferritin for iron overload is only 20% while raised transferrin saturation has a positive predictive value of 80%. Thus, if transferrin saturation is not elevated, iron overload can be virtually excluded. In our population the most common cause of isolated hyperferritinaemia is fatty change of the liver secondary to obesity, insulin resistance or alcohol. With current obesity trends, we can expect to find increasing numbers of patients with hyperferritinaemia but normal transferrin saturation. To diagnose fatty change, we recommend liver function tests (note ALT and GGT may be raised up to twice normal with fatty liver) and hepatic ultrasound (to confirm fatty liver). Other causes of isolated hyperferritinaemia include inflammation, autoimmune disease (rheumatoid arthritis, SLE), and malignancy.

If the transferrin saturation is elevated (>50%) your patient should be tested for hereditary haemochromatosis (HFE genotyping). Homozygosity for C282Y or compound heterozygosity C282Y/H63D confirms hereditary haemochromatosis. This can usually be treated by regular venesection. Referrals can be made by GPs to the Australian Red Cross Blood Service for venesection via the following link: https://highferritin.transfusion.com.au/. The Red Cross provides this service for medical reasons, even if the blood is unsuitable for transfusion and will be discarded. Patients who are heterozygous for C282Y or H63D have a very low risk of iron overload. Venesection is rarely required, however they may also be venesected by the Red Cross if there is a persistently raised transferrin saturation.

The Department of Haematology at Sir Charles Gairdner Hospital can no longer accept requests for investigation of hyperferritinaemia, however we do manage occasional patients with confirmed iron overload who are ineligible for venesection with the Red Cross.

AN APPROACH TO EASY BRUISING

The work up of easy bruising can be challenging given the difficulty of distinguishing how much trauma (or lack of trauma) can lead to bruising. To define easy bruising the International Society of Thrombosis and Haemostasis defines it as 5 or more bruises greater than 1cm. But even then, this definition is limited to the cutaneous manifestations of bruising and doesn’t account for epistaxis or menorrhagia. Use the history & examination to determine the likelihood of a patient having a bleeding disorder and perform laboratory testing from there. Prior to laboratory evaluation, key aspects on history that need to be established are

- History of trauma prior to bruising and the degree of trauma
- The site of bruising – (i.e. mucosal sites indicate platelet abnormalities)
- Bleeding history following surgical procedures, dental work and in females child birth & menstruation
- Medication history (i.e. is the easy bruising associated with the use of aspirin, NSAIDs, antiplatelet agents or anticoagulants)
- Family history

On examination particular findings to document are the presence or absence of petechiae indicating thrombocytopenia; purpura indicating thrombocytopenia or coagulation cascade abnormalities; haemarthroses suggesting coagulation cascade abnormalities; telangiectasiae; skin laxity possibly indicating collagen disorders; lymphadenopathy or hepatosplenomegaly indicating a possible marrow disorder.

Once one feels that a patient could have a disorder of haemostasis, laboratory studies can be separated according to primary haemostatic function (platelets) and secondary haemostatic function (clotting factors). As a minimum, I perform a full blood count, coagulation profile and von Willebrand studies to investigate easy bruising.

- Platelet studies
  - Full Blood Count examining for thrombocytopenia, anaemia and/or neutropenia
o Von Willebrand studies examining for von Willebrand disease
o If these are normal consider Platelet Aggregation Studies examining for platelet function defects (it is important to be off aspirin/NSAIDS/antiplatelet agents for 2 weeks prior and if patients require these agents then this test isn’t appropriate)

• Clotting factor studies
  o Coagulation profile
    ▪ Are the INR or aPTT prolonged?
      • If so, do they correct with 50:50 mixing?
        o Prolonged INR correcting with 50:50 mixing suggest vitamin K deficiency, liver disease or factor VII deficiency
        o Prolonged aPTT correcting with 50:50 mixing suggest factor VIII, IX, XI deficiency or von Willebrand disease
        o If they don’t correct this indicates a factor inhibitor or lupus anticoagulant
    ▪ Low fibrinogen demonstrates possible disseminated intravascular coagulation or dysfibrinogenaemia.

When to refer:
• Abnormal test results suggesting a bleeding disorder
• Patients with severe bleeding history requiring intervention (surgery, hospitalization or transfusion)
• Continued easy bruising in the absence of medications or history of trauma

WHEN TO REFER A PATIENT FOR IRON INFUSION

Whilst the majority of iron deficient patients can be treated with oral iron, some patients need intravenous iron replacement. The Haematology Department at SCGH will accept referrals for iron infusion when your patient’s serum ferritin is <30mcg/L following at least 6 weeks of appropriate oral iron therapy (100-200mg elemental iron/day) or if your patient is intolerant to oral iron replacement. A number of different iron tablets are available (Ferro-f-tab, Ferrogradumet, Ferrograd C, FGF, Fefol). Those reporting gastrointestinal upset with iron tablets may find switching to Ferrous liquid alleviates symptoms. Patients must reside in the North metro catchment area. Referrals should be made to Haematology via the Central Referral Service, and include the patient’s blood count and recent iron studies.

In some settings oral iron is relatively contra-indicated and intravenous iron is preferred; previous gastric bypass or laparoscopic banding surgery, treatment with non-steroidals, known gastritis.

The IV Lounge nurses in C block will contact your patient with an appointment time once their referral has been reviewed. Patients are advised not to fast, to drink plenty of fluids and to continue their normal medications, with the exception of iron tablets which can be stopped a week prior. There is a small cost to patients (~$6.10 - $37.70) for pharmacy dispensing of the iron.

Causes of iron deficiency vary according to patient age and gender. These include dietary deficiency, gastrointestinal bleeding (bowel cancer, haemorrhoids), menorrhagia, von-Willebrand disease and malabsorption (coeliac disease). Apart from treating iron deficiency it is important to find out why your patient is iron deficient. Investigation of the cause of iron deficiency remains the responsibility of the referring doctor. If you would like further guidance with this, please indicate this in your referral.
IRON DEFICIENCY

Iron deficiency and iron deficiency anaemia (IDA) can be readily diagnosed from a full blood count and iron studies. Absolute iron deficiency is defined as ferritin <15-30mcg/L. The management of iron deficiency anaemia involves two **CONCURRENT** components:

1. Determination and treatment of the underlying cause(s) (such as bleeding) and
2. Iron therapy to normalise the haemoglobin and replenish iron stores.

The underlying cause(s) must be established in all patients. A full history and examination is essential. The causes of iron deficiency vary depending on the age of the patient. Importantly, in men and post-menopausal women with IDA, and also in some premenopausal women, evaluation for benign or malignant gastrointestinal lesions, inflammatory conditions (such as inflammatory bowel disease), and peptic ulceration is indicated. Patients with IDA at any age should undergo assessment of Coeliac Disease.

Iron replacement therapy

Because of ease of treatment and a lesser incidence of severe side effects, we recommend that patients with newly diagnosed iron deficiency be treated with an oral iron preparation.

**An appropriate daily dose for adults is 100 to 200 mg/day of elemental iron.** At therapeutic doses, reticulocytosis should occur within 72 hours and Hb should rise by 20g/L every 3 weeks. **Treatment should be continued for 3-6 months.** Multivitamin tablets do not contain sufficient elemental iron to replace iron stores. Suitable iron tablets include Ferrogradumet, Ferrograd C and Ferro-F-Tab. Iron should not be given with food because phosphates, phylates, and tannates in food bind the iron and impair its absorption. Avoid ingestion of antacids, cereals, dietary fibre, tea, coffee, eggs or milk within 2 hours of the iron dose. Gastrointestinal symptoms (e.g. abdominal discomfort, nausea, vomiting, diarrhoea, constipation) suffered by some patients seem to be directly related to the amount of elemental iron ingested. Using a smaller dose of elemental iron can help or decreasing the frequency of the iron tablet to once every 2-3 days. Patients with persistent gastrointestinal intolerance can be trialled on liquid iron to titrate the dose to a level at which symptoms are acceptable.

Approximately 80% of patients tolerate oral iron without gastrointestinal effects. For patients who are still intolerant to oral iron after trying reduced doses, or whose level of continued bleeding exceeds the ability of the gastrointestinal tract to absorb iron, it is appropriate to use parenteral iron. Intravenous iron is preferred over an intramuscular preparation. Intramuscular iron may be useful in settings where it is difficult to access intravenous iron in a timely manner. The pitfalls of intramuscular iron include the need for multiple injections to ensure adequate iron replacement, pain associated with the intramuscular injection and the risk of tattooing at the injection site. **The haematologic response to intravenous iron is not faster than adequate doses of oral iron.** Intravenous iron must be given slowly over 2-4 hours in a specialised unit with medical supervision for the rare case of anaphylaxis. Other side effects are common. In a recent study up to 26% of patients experienced headache, fever and arthralgia during the first 48 hours following the infusion.

Haematology Care Centre, SCGH
Fax 64577620 Phone 64577610


Thanks to Dr Rebecca Howman, Haematologist SCGH, for writing this article.
**HOME LINK**

*Location: Ground Floor, C Block  Chronic & Acute Medicine Division*

**CONTACT DETAILS**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Extension</th>
<th>Mobile</th>
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<tr>
<td>Medical Director</td>
<td>Dr James Williamson</td>
<td>6457 3006</td>
<td>N/A</td>
<td>6457 2880</td>
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<tr>
<td>A/Manager</td>
<td>Katie Kyle</td>
<td>6457 3452</td>
<td>0404 019 431</td>
<td>4484</td>
<td>6457 1583</td>
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<tr>
<td>Clinical Nurse Specialist - HITH</td>
<td>Narelle Hawkins</td>
<td>6457 4077</td>
<td>0407 981 277</td>
<td>4050</td>
<td>6457 2880</td>
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<tr>
<td>RITH Co-ordinator</td>
<td>Doreen Demos</td>
<td>6457 1609</td>
<td>0410 666 458</td>
<td>N/A</td>
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<tr>
<td></td>
<td>Crystal Tay</td>
<td></td>
<td>0410 333 825</td>
<td>N/A</td>
<td>6457 1583</td>
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<tr>
<td>CoNeCT Team Leader</td>
<td>Carolyne Wood</td>
<td>6457 1609</td>
<td>0410 666 441</td>
<td>N/A</td>
<td>6457 1583</td>
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<tr>
<td>Anticoagulant CNC</td>
<td>Michaela Walters</td>
<td>6457 4391</td>
<td>0424 181 640</td>
<td>3941</td>
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<td>Clinic Clerk – RITH</td>
<td>Noreen Blake</td>
<td>6457 1609</td>
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<td>Marie Schober</td>
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**HOME LINK**

Home Link is a multidisciplinary community focused service based at Sir Charles Gairdner Hospital, which provides a range of medical, nursing and allied health interventions. Its current focus is to undertake hospital substitution services for patients living in the metropolitan area and, by negotiation, outlying areas, in the form of Hospital in the Home (HITH) and Rehabilitation in the Home (RITH). Home Link also has an increasing role in the prevention of hospital presentations and admissions through its CoNeCT programme.

There is no age restriction for adult referral to Home Link, but patients should genuinely require services to be provided in the home. Patients who are able to travel into the hospital for Allied Health outpatient services should not be referred. Home Link takes referrals directly from the Emergency Department, inpatient wards and outpatient clinics for patients who require HITH, RITH or CoNeCT. Direct referrals from GPs are not accepted.

Services are usually provided for the short-medium term and if ongoing care in the community is required Home Link staff will refer patients to other community service providers.

**SERVICE OUTLINE**

**Nursing**

Provision of Hospital in the Home and Post Acute Care Nursing Services including, but not limited to IV antibiotics, complex wound care and trial of void referrals. Home Link also operates a specialist anticoagulation service as part of HITH.

**Allied Health**

Provision of Rehabilitation in the Home therapy includes Physiotherapy, Occupational Therapy, Speech Pathology, Social Work and Dietetics.
INFECTIOUS DISEASES

Location: 1st Floor, K Block

- Ward inpatient services for all general infectious diseases including tropical/travel medicine.
- Outpatient Clinics: 5 consultant and 1 registrar clinics per week for general infectious diseases.
- Home IV Therapy Service for antibiotics (through Home Link).
- Education seminars for GPs, medical students, junior staff, RACP trainees and other specialties.
- Travel and infection control advice.
- Telephone advice service to all health professionals on general infectious diseases.

CONTACT NUMBERS

Head of Department: Dr Matt Skinner
Secretary

Tel: 6457 3625
Fax: 9382 8046

Outpatient Referrals
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).

For urgent referrals contact secretary as above or telephone doctor via Switchboard 64573333.
INTENSIVE CARE UNIT

Location: 4th Floor, G Block (Gold Lifts)  Critical Care Division

• Intensive Care management and resuscitation of critically ill patients.
• Monitoring of seriously ill patients.
• Critical Care ECHO
• Cardiothoracic surgery patients.
• Neurosurgical patients, including all subarachnoid haemorrhage.
• Liver Transplant patients
• Major trauma.
• Respiratory failure.
• Multi-organ failure.
• Sepsis.
• Total parenteral nutrition.

CONTACT NUMBERS  phone 64571010  Fax 93868541

Referrals

Intensive Care Unit - Registrar on duty (64573333 Pager 4824).
MEDICAL ONCOLOGY

Location: Ground Floor, B Block

The Medical Oncology Department provides a comprehensive consultative and management service in cancer medicine to the Western Australian community. This is achieved through:

- Provision of inpatient, day care and outpatient consultative and treatment services for adult cancers including non-Hodgkin’s lymphoma and Hodgkin’s disease.

- Multidisciplinary clinics in breast cancer, lung cancer, gastrointestinal, head and neck cancers, gynaecological cancers, sarcomas and melanoma.

- Development and testing of novel treatments.

- Participation in national and international controlled clinical trials to evaluate strategies for prevention, cure and palliation of cancers.

- Design, development and pursuit, in conjunction with the University Department of Public Health, of surveys of patterns of care offered to patients in WA and nationally.

- Participation in undergraduate and postgraduate teaching in cancer medicine.

CONTACT NUMBERS

Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).

Urgent/new referrals
Tel: 6383 3378
Fax: 6457 1873

Specialists

Referrals to Medical Oncology need to include a tissue (histological or cytological) diagnosis and the patient should be aware of the diagnosis. This may require referral to another specialty in the first instance e.g. lesions seen on chest x-ray should be referred to respiratory medicine, possible metastatic lesions on the liver referred to gastroenterology/hepatology (if there is no known primary), and lesions on the kidney to urology. A reasonable level of history, examination and investigation is expected from the referring GP. Please include these results with the referral to the specialty service.

If GPs are uncertain what to do, then please ring Switchboard on 64573333 and ask to speak to the Medical Oncology registrar. Specialists may be contacted via Switchboard.

Urgent referrals should be faxed to 64571873. Please ring 6383 3378 and check your fax has been received. Your referral will be reviewed by an oncologist within one to three working days and an appointment for the patient scheduled usually within one to three weeks according to urgency. You may be asked to provide further information to assess urgency. If you feel a more urgent appointment is required then you should contact the specialty service directly by telephone.

Specialist Interests

| Clin Prof J Dewar | Head & Neck, Breast, Lymphoma, |
| Dr M Buck         | Gynaecologic cancers          |
| Clin Prof G Van Hazel | Colorectal / Upper GI, unknown primary |
| Dr A Powell      | Urology, Sarcomas             |
| Prof M Millward  | Thoracic, Melanoma            |
| Prof A Nowak     | Neuro-Oncology (brain), Mesothelioma |
| Dr K Jasas       | Colorectal / Upper GI / Thoracic |
| Dr S Ng         | Urology / Colorectal / Upper GI |
| Dr Hasani       | Neuro-Oncology (brain), Thoracic |
| Dr Tarek Meniawy | Gynaecology and Melanoma      |
| Dr Annette Lim   | Head and Neck and Breast      |
| Dr Anne Long     | Sarcoma and Neuro Oncology    |

Patient Advice Services
- Occupational Therapy Assessment.
- Lymphoedema Clinic.
- Psychiatric Liaison Service.
- Social Work.
- Co-ordinate with Cancer Foundation of WA -Tel: 131 120.
The Clinical Physics Division provides an outpatient service for clinical electrodiagnostic testing of patients (referred by practitioners) from public and private hospitals and from private practice. Services include:

- Visual Electrophysiology.
- Electro-oculography (EOG).
- Electroretinography (ERG).
- Pattern Electroretinography (PERG).
- Visual Evoked Potentials (VEP).
- Multifocal Electroretinography (mERG)

Contact Numbers

Enquiries/Appointments
Tel: 6457 2866
Fax: 6457 3466

Head of Department
Dr Roger Price
Tel: 6457 4288

Specialist Interests
- Inherited retinal diseases including retinitis pigmentosa and macular degeneration. Monitoring for drug toxicity.
- Glaucoma.
- Paediatric Ophthalmology.

Outpatient Referrals
Referrals are made, usually by Consultants, via the appropriate request forms, available from this Department on request. Telephone 6457 2866 for urgent referrals.
The Neurological Intervention and Imaging Service of WA (NIISWA) provides a State service for intracranial aneurysm assessment/Hyperacute Stroke Therapy and complex intracranial endovascular treatment. It also provides tertiary/quaternary level diagnostic neuroradiology services and is available for consultations or phone advice.

- Emergency neurovascular intervention service
- Elective service for image guided diagnosis and endovascular treatment of carotid stenosis, stroke, intracranial aneurysms and complex vascular cranial & head & neck malformations.
- Outpatient consultation with neuro-interventionalists for neurovascular diseases.
- Tertiary/Quaternary Diagnostic Neuroradiology Service with a state-wide 24/7 consultative service
- Liaison and consultative service to the hospital’s departments.
- NIIS(WA) is a cross campus service at SCGH, RPH, PMH, KEMH and FSH.

The Neurological Intervention and Imaging Service of WA (NIISWA) also provides a twenty-four hour emergency call out service. Access for discussion is initially through switch and they will put you through to the on call fellow/registrar.

**CONTACT NUMBERS**

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<td>Administration</td>
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<td>On Call</td>
<td>6457 3333</td>
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</table>

On Call – switch will put you through (NIISwa on-call fellow)

**CONSULTANTS**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Head of Department</td>
<td>Dr C Phatouros</td>
</tr>
<tr>
<td>Deputy</td>
<td>Dr W McAuliffe</td>
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<td></td>
<td>Dr M Bynevelt</td>
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<td></td>
<td>Dr S Davies</td>
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<td>Dr F Dharsono</td>
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<td>Dr T Phillips</td>
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<td>Dr TJ Singh</td>
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<td>Dr A Thompson</td>
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<td>Dr V Wycoco</td>
</tr>
<tr>
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**OUTPATIENT REFERRALS**

Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).
The Neurology Department provides neurodiagnostic services and treatment to inpatients and outpatients.

Services provided are:
- **Outpatients**
- **Inpatients**
- **Electroencephalography (EEG) including:**
  - Long-term video/EEG monitoring
  - 24 ambulatory EEG
  - Sleep deprived EEG
- **Evoked Potentials (EP) including:**
  - Somatosensory Evoked Potential (SEP)
  - Visual Evoked Potential (VEP)
  - Brainstem Auditory Evoked Potential (BAER)
  - Vestibular Evoked Myogenic Potential (VEMP)
- **Eye Movement Studies:**
  - Bithermal Choloric
  - Ocular Motor and Vestibular Tests
- **Electromyography (EMG) and Nerve Conduction Study (NCS)**
- **Subspecialty Clinics incorporating:**
  - Movement Disorders
  - Neuroimmunology
  - Muscle Clinic
  - Neurogenetics

**Specialists – phone Departmental secretary on 64573088**

**Head of Department**
- Professor William Carroll
- Professor David Blacker
- Professor Allan Kermode
- Dr Ron Manasseh (visiting)
- Dr Nai Lai
- Dr Josephine Chan (visiting)
- Dr Rick Stell
- Dr Isabella Taylor
- Dr Vincent Seet (visiting)

**Specialist Interests**
- **Professor William Carroll**
  - Neurophysiology and Multiple Sclerosis
- **Professor David Blacker**
  - Stroke
- **Professor Allan Kermode**
  - Neurophysiology and Multiple Sclerosis
- **Dr Ron Manasseh**
  - Electromyography
- **Dr Nai Lai**
  - General Neurology
- **Dr Rick Stell**
  - Movement Disorders
- **Dr Isabella Taylor**
  - Epilepsy

**Outpatient Referrals**
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3). Urgent referrals should be discussed with the on-call registrar. Tel: 6457 3101. Fax: 6457 4878.

**EMG, EEG, EOG bookings**
Tel: 64573088, phone 64572455

**Free physiotherapy for patients with neurological conditions.**
See “Physiotherapy” section for details.
NEUROSURGERY

Location: 1st Floor, G Block (Via Green Lifts)  Neurosciences Division

The Neurosurgery Department serves as the base for the Interhospital Neurosurgical Service of Western Australia. SCGH performs the predominant amount of elective neurosurgery for the State of Western Australia. It is also involved in acute care at Royal Perth Hospital and Princess Margaret Hospital.

Specialists
All Specialists are contactable on 6457 2865 or after hours through the Hospital switchboard on 6457 3333.

Usually GPs can contact either the Resident on ward or Registrar to discuss current inpatients.

Specialist Interests

Professor Neville Knuckey  Carotid endarterectomy, pituitary surgery, neurovascular, skull base
Mr Christopher Lind  Vascular, stereotactic and functional surgery
Mr Stephen Honeybul  Neurovascular, skull base
Mr Gabriel Lee  Complex spine, brain tumours, epilepsy surgery
Mr George Wong  Complex spine, skull base
Mr John Liddell  Craniot surgery, spinal, cranial
Ms Sharon Lee  Paediatric and general neurosurgery, neuro oncology, tumours

Outpatient Referrals

Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).
Tel: 6457 2865. Fax: 6457 3824.

Urgent referrals should be discussed with the Registrar on-call. More urgent cases may be added to an earlier list in consultation with a neurosurgeon.

Patient Advice Services

Allied Health Group provides advice services ie Social Work, Occupational Therapy, Physiotherapy, Speech Pathology, Chaplaincy & Spiritual Services and Dieticians.
NUCLEAR MEDICINE

- Diagnostic Studies
- Myocardial Perfusion Study
- Gated Heart Study
- Cerebral Perfusion Study
- Bone Scan
- Lung Scan with SPECT-CT
- Renal
- Thyroid
- Parathyroid
- Gallbladder
- Sentinel Node Lymphoscintigraphy
- GIT Haemorrhage
- Neuroendocrine Imaging
- PET-CT scanning
- Tumour Imaging including SPEC-CT imaging

Radionuclide Therapy
1. For thyrotoxicosis and thyroid cancer.
2. Strontium –89 and Samarium-53 EDTMP for palliation of skeletal metastases.
3. Yttrium-90 synovectomies.
4. SIRT therapy

CONTACT NUMBERS

Secretary
Tel: 6457 4339
Fax: 6457 3610

Reception/Enquiries/Bookings/Results
Tel: 6457 2322

Specialists
All Specialists are contactable on 6457 2322 during work hours.

Specialist Interests
- Thyroid cancer and benign disease.
- Radionuclide Therapy.
- PET imaging and research.
- Neureceptor imaging in movement disorders.
- Pulmonary Embolism pathway.
- PACS.
- Image coregistration.
- Mesothelioma.

Outpatient Referrals

Referrals are to be made on request form and faxed to (6457 3610) to the Department. Private referrals (from GPs) are bulk billed.

Reports will be faxed to the referring doctor, usually on the evening of reporting and the report and images posted the next day.
The Nutrition and Diet Therapy Department provides a comprehensive dietetic service to all the Divisions of the hospital.

Inpatients and Outpatients must be current patients of SCGH (within 12 months) and be referred by the hospital medical officers. Patients cannot be referred direct by GPs.

CONTACT NUMBERS Tel: 6457 2850

Other Relevant Information

There is no capacity for patients to be seen for weight loss in the Dietetic clinics at SCGH.

Patients requiring general advice or interventions for weight loss management can access the following services:

- **Private Dietitian, APD (Accredited Practising Dietitian)** - GPs can refer patients under the ‘Strengthening Medicare Allied Health Initiative Programme.’ Medicare covers dietetic services under this programme, but some conditions apply.

- **Community Dietitian** – Some areas have a Community Health Centre wherein a dietitian is employed by the Department of Health to provide education sessions for either groups or individuals. A GP referral is required for patients to access this service.

- **Private Practice Dietitian (APD)** – Please refer to the Yellow Pages for a dietitian in your area. Patients will require a GP referral to be able to claim from a Private Health Fund.

The following agencies may also be contacted for relevant information:

- Diabetes Australia
- Heart Foundation
- The Cancer Council WA
- The Coeliac Society of WA
OCCUPATIONAL THERAPY  
Location: Ground Floor, G Block 

- Provides a comprehensive Occupational Therapy (OT) service to current patients of SCGH.
- Provides community OT home visiting service with supply and prescription of equipment under the CAEP scheme (Community Aids and Equipment Programme).
- Provides community home assessment (visiting service and patients referred in our ACAT catchment area).

CONTACT NUMBERS

Head of Department  Brenda Acton  Tel: 6457 3076  
Brenda.Acton@health.wa.gov.au

Administration Assistant  Shyamala Subramaniam  Tel: 6457 2855  
Fax: 6457 3599

Senior OT Psychiatry  Tel: 6457 2550

Senior OT Dept Rehabilitation and Aged Care  Tel: 6457 2338

Senior OT ‘G’ Block  Tel: 6457 3454

Specialists

CAEP  
Brenda Acton  Tel: 6457 3076  Brenda.Acton@health.wa.gov.au  OT Dept, G Block
Annette Barton  Tel: 6457 3072  Annette.Barton@health.wa.gov.au  OT Dept, G Block

ACAT  
Sara Graham  Tel: 6457 2338  Sara.Graham@health.wa.gov.au  OT Dept, C Block

Patient Advice Services

- CAEP advice - this scheme enables GPs to refer community patients, who are pensioners / health care card holders with long term physical disability, to their closest hospital for assessment and prescription of a wide range of domiciliary equipment and appliances, ranging from wheelchairs, ramps, home installations and modifications, walking aids, surgical footwear and lymphoedema garments.
- ACAT – enquiries regarding OT service to Aged Care OT 6457 2338.
OPHTHALMOLOGY

Location: Ground Floor, E Block Outpatients

- 24-hour management of acute eye emergencies.
- GP referral centre for all other ophthalmic problems.
- Ophthalmic surgery including:
  - Cataract surgery
  - Retinal surgery
  - Oculoplastic surgery
  - Other (minor surgery in clinic setting)
- Further education of medical/paramedical personnel.

CONTACT NUMBERS

Appointment Enquiries
- Mon - Thurs
- Tel: 6457 4979
- Tel: 6457 2695

Outpatient Referrals
- Mon - Thurs
- Tel: 6457 4979
- Fax: 6457 4146

Administrative Assistant
- Mrs Blanche Gillespie
- Tel: 6457 4718
- Fax: 6457 4146

Specialists
All Specialists are contactable by calling the switchboard on 6457 3333 or paging the Registrar.

Head of Department
- Dr Vignesh Raja

Specialist Interests
- Dr Vignesh Raja: Cataract, Glaucoma and Retinal Surgery
- Prof G Barrett: Cataract and Refractive Surgery
- Dr A Gajdatsy: Oculoplastics
- Prof I Constable: Retinal Surgery

Outpatient Referrals
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).
Urgent referrals: Contact Registrar via switchboard.
ORTHOPAEDIC SURGERY

Location: 1st Floor, G Block

The Department of Orthopaedic Surgery provides a general trauma and elective orthopaedic service. This service has increased elective throughput with the addition of Osborne Park Hospital for short stay elective surgery.

Together with the University Department of Orthopaedic Surgery, there is a special expertise in the treatment of musculoskeletal tumours, complex joint reconstruction, joint replacements and sports medicine and a full upper and lower limb service including hand surgery.

Research activities include an ongoing involvement by the orthopaedic wards in the international Pulmonary Embolism Prevention Trial.

This is an active research department with ongoing trials of computer navigation in joint surgery, treatment of sarcomas and cell therapies in orthopaedics.

The Department is committed to the training and teaching of orthopaedics to both undergraduate and postgraduate medical, nursing and allied health students. There are 5 orthopaedic training positions accredited with the AOA and RACS. The department has a post graduate training program accepting fellows from across Australia and around the world.

See Patient Blood Management section for information regarding elective joint replacement patients

CONTACT NUMBERS

Administrative Assistant Erin Phipps
Tel: 6457 1499
Fax: 6457 4162

Specialists

All Specialists are contactable on 6457 1499 or after hours through the hospital switchboard on 6457 3333.

Head of Department Professor Richard Carey-Smith
Deputy Head of Department Mr Arron Tay
Coordinator of Training Associate Professor Jonathan Spencer

Consultants
Mr Matt Scaddan
Professor Allan Wang
Associate Professor Kon Kozak
Prof Markus Kuster
Mr Antony Liddell
Mr Paul Khoo
Mr Sean Williams
Mr Travis Falconer
Mr Angus Keogh
Mr Andrej Nikoloski
Mr Toby Leys
Mr David Wysocki

Outpatient Referrals
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).

Contact Orthopaedic Clinic.
Tel: 6457 1189. Fax: 6457 3147. For urgent referrals: Page registrar.

Clinic Sessions
Clinics take place 5 days per week. Further details can be obtained through the Department.
PAIN MANAGEMENT (CHRONIC PAIN TEAM)

Location: Lower Ground Floor, G Block, Next To Podiatry (Via The Green Lifts)

- Multidisciplinary approach to all aspects of chronic pain.
- Psychological counselling.
- Interventional anaesthetic techniques.
- Cognitive behavioural therapy.
- Exercise therapy.
- Pharmacological management.
- Close liaison between medical, physiotherapy, psychology, occupational therapy and nursing personnel.

CONTACT NUMBERS

<table>
<thead>
<tr>
<th>General Office</th>
<th>Tel: 6457 3263</th>
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<tr>
<td>Fax: 6457 3481</td>
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| Pain Team | Registrar on Duty | Pager 3429 |

Specialists

All Specialists are contactable on 6457 3263 or after hours through the Hospital switchboard on 6457 3333.

- Dr C R Goucke
- Dr M Schutze
- Dr M Majedi (Head)
- Dr C Chan

- Senior Registrar/Pain Fellow
  Pager 3429

Specialist Interests

- Cancer pain
- Neuromodulation
- Intrathecal drug administration systems
- Cognitive behavioural therapy

Outpatient Referrals

Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3). Referrals are prioritised by the Head of Department. Patients with cancer and acute herpes zoster will be seen urgently. As much information as possible (other specialist referrals, x-ray reports and tests) will aid the initial assessment. Limited multidisciplinary initial assessments are possible (medical, physiotherapy and psychology). The Department medical staff are always happy to discuss cases with the referring doctor.

Tel: (Monday-Thursday 9am-4pm): 6457 3263 Fax: 6457 3481

Urgent referrals – Page Registrar on Page 3429

For referrals to the Pain Clinic at SCGH triaged as routine, there is currently a seven month waitlist and patients are then expected to attend an Introduction to Pain Management education workshop over 2 half days (depending on patients age, ability to understand English or from regional areas). Patients can then choose to have a medical review at which time they are given a new case appointment. For some patients the workshop alone is sufficient.

Referrals that are triaged as urgent, or semi-urgent, will be seen within 2-8 weeks hopefully. Please indicate on your referral if and why your patient needs to be seen early. For urgent cases eg cancer or acute herpes zoster please ring as well as fax.

Telephone advice on pain management issues
The Chronic Pain Registrar (page 3429) may be contacted for telephone advice via switchboard (64573333) from 8am to 5pm Monday to Friday. For urgent advice after hours contact the on call Pain Consultant via switchboard.

Gabapentin prescriptions from SCGH

Gabapentin is often prescribed for SCGH patients for neuropathic pain. Unfortunately they are not covered by PBS, and cost hundreds of dollars on private prescription from community pharmacists. SCGH therefore supplies Gabapentin for its patients at a subsidised price which is similar to PBS co-payments, but only through the SCGH pharmacy and only for a hospital prescription written by a hospital doctor.

Many patients on Gabapentin for chronic pain will have this initiated as an inpatient or outpatient by a SCGH Pain Clinic Dr. These patients need to contact the Pain Clinic on 64573263, with at least two weeks’ notice, in order to obtain further prescriptions. The Pain Clinic will send the prescription direct to the hospital pharmacy. The patient, or their representative, then needs to arrange payment and pick up from the hospital pharmacy.

If the Gabapentin was initiated by a non Pain Clinic hospital Dr for an acute condition, eg post-operative pain, then ongoing supply is not usually required. However if the pain is chronic, and the patient does not have an outpatient appointment with the prescribing specialty prior to their supply running out, then the GP should contact the relevant specialty Registrar to find out how further hospital prescriptions can be arranged. If the drug was initiated by the Acute Pain Team for acute pain as an inpatient, then the patient will be given a letter outlining the dose and intended duration of therapy.

Non PBS medication

As for Gabapentin above, where a non PBS medication was initially provided by SCGH, then SCGH will usually provide ongoing supply (if needed) through its hospital pharmacy at near PBS prices. The prescription needs to be written on a SCGH prescription form by a SCGH Dr. If an Outpatient Clinic is not imminent then GPs can ring the relevant specialty Registrar to arrange for a hospital prescription.

Schedule 8 medicines – ongoing supply

If a GP thinks there is a need to prescribe Schedule 8 medicines for a (non registered addict) patient for greater than 60 days then they should complete an "Application to prescribe a drug of addiction" and send to the Department of Health (DoHWA) for authorisation to prescribe. Initial approval for up to 12 months is usually given (dependent on age, dose and form of administration). If the patient requires ongoing supply beyond twelve months then DoHWA generally require consultant support (generally a copy of a specialist letter) confirming the requirements for ongoing prescribing (drug, dose and frequency) or, if the patient has been referred to a specialist or Pain Clinic but not yet been seen, then a copy of the referral letter to allow renewal until support becomes available. A renewal request is sent to the GP in the month prior to the authority expiring and authority is renewed for a further period (up to 12 months generally if stable) following monitoring and/or dose adjustment as advised by the GP. As a general rule consultant support is required every three years if the dose is stable and within the specified authority.

If a GP is away, then any other Dr working in the practice is allowed to prescribe Schedule 8 medicines in accordance with the authority in their absence. GPs in solo practice should notify DoHWA of the arrangement for their patients requiring ongoing prescriptions of S8 medicines whilst away.

Prescribing of ongoing S8 medicines for a person who has been notified as a drug addict and placed on the Register require prior authorisation from DoHWA. Consultant support is required at the time of application. If a person who is on the Register, and had been administered S8’s in a hospital setting, requires ongoing S8 medicines after discharge then a report from a consultant or Pain Clinic should be provided because the medication discharge summary alone is not sufficient.

For any queries regarding S8 prescribing (including concerns that a new patient may be an addict or attending multiple practices) please contact the Duty Pharmacist at DoHWA on 9222 4424, Monday to Friday, 8.30-4.30pm.
PALLIATIVE CARE SERVICE

Location: Cancer Centre – DD Block

The Department provides an inpatient consultative palliative care service for malignant and non-malignant diseases. An outpatient service is available through the Symptom Assessment Clinic.

The service also functions as liaison between the inpatient Palliative Care Units and Community Palliative Care Services. There is also close communication with the departments of Pain Management (Chronic Pain) and the Acute Pain Service.

Specialist Interests

- Symptom control in Palliative Care.
- Symptomatic control in patients receiving active treatment such as chemotherapy and radiotherapy.
- Pain Management.
- Discharge planning.
- Referral to inpatient/community hospice care services.
- Bereavement support.

Referral to the Palliative Care Service should be based on patient and family need rather than expected life expectancy or prognosis. Early referral facilitates continuity of care for the patient and mitigates against a sense of abandonment. It is important to realise that involvement of the Palliative Care Service does not preclude the commencement or continuation of therapies such as surgery, chemotherapy or radiotherapy.

Outpatient Referrals

All referrals to Symptom Assessment Clinic
Tel: 6457 2551
Fax: 6457 1848

Clinic Sessions

Symptom Assessment Clinic
Department of Radiation Oncology, F Block

Dr David Dunwoodie
Mon – Thurs inclusive 9.30 – 12.30
Dr Anil Tandon

Other Information

In-hospital medical staff and GPs are welcome to attend by prior arrangement, as there is a strong educational component to the clinic.
Laboratory testing for SCGH is undertaken by PathWest. This is organisationally separate to SCGH and they do not have access to the GP database. Some GPs have complained that PathWest will not give them results of patients who have been seen in the ED then asked to see their GP for follow up. In this instance results can usually be obtained from the GP help desk, fax 64572523. For urgent results contact the Registrar of the Department that ordered the test, and they will be able to look up the result for you.

Please contact the Hospital Liaison GP at SCGH via Switchboard if you have had difficulty requesting clinical information on patients from PathWest.
PATIENT BLOOD MANAGEMENT AT SCGH

In line with best practice, hospitals in WA are aiming to reduce the number of surgical patients requiring transfusion. Evidence shows that although transfusion can be life saving for some patients, it is not the ideal choice in the treatment of anaemia, and can itself lead to increased morbidity and length of stay.

At SCGH, a team of clinical experts including representation from anaesthesia, haematology and transfusion medicine are responsible for the implementation of ‘Patient Blood Management’ (PBM) which aims to reduce the number of patients requiring transfusion, by optimising patients pre-op.

Initially patients that are waitlisted for surgery involving significant blood loss are being screened preoperatively to detect anaemia or iron deficiency. When patients undergo surgical procedures where blood loss is likely to be reflected by a drop in Hb of 30-40g/L, the predicted drop in Ferritin would be 60-80mcg/L. In this instance, patients with sub-optimal iron stores (defined as Ferritin <100mcg/L) should be treated with preoperative iron therapy1.

Currently the PBM team are prescribing oral or intravenous iron to patients with sub-optimal levels. Rescreening occurs following 6 weeks of oral iron therapy (100-200 mg elemental iron daily) or 4 weeks following IV iron therapy, to determine whether additional treatment is required. In addition, GPs are being contacted when further investigation of iron deficiency, anaemia, or other medical conditions is identified.

Although the PBM team is undertaking anaemia screening when the patient is waitlisted for surgery, there are opportunities for GPs to enhance this service and improve patient outcomes.

Screening and optimisation by GPs should commence when the patient is referred for SEMI-URGENT procedures where significant blood loss is anticipated. Examples include:

- a high risk of iron deficiency (colorectal procedures),
- an anticipated short lead in time to surgery (Category 1 patients. i.e. surgery within 30 days: tumours, cardiac etc)

These patients should be screened prior to referral as follows:

- Full Blood Picture
- Iron studies
- Urea and electrolytes
- CRP
- Vitamin B12
- LFTs

Ideally pre-operative targets are:

- Hb Female >120g/L, Male> 130g/L
- Ferritin >100mcg/L
- Tsats > 20%

When prescribing oral iron consider:

- Time to surgery – is there adequate time to replete stores with oral iron (> 6 weeks), if not arrange IV iron
- Patients not suitable for oral iron therapy
  - Previous intolerance to oral iron
  - Proton pump inhibitors/H2 agonists (variable response: rescreen at 6 weeks)
  - Haematological malignancy
  - Active cancer

There are a few options to access IV iron:

- Referral to PBM* at SCGH – only available for **patients waitlisted for surgery at SCGH**
- Private patients can access IV iron at some private hospitals
- Other patients can be referred for Haematology consultation at SCGH

*referrals for iron infusions for **patients having surgery at SCGH** should be directed to PBM CNC Linda Campbell. Email: Linda.Campbell@health.wa.gov.au

Or please phone 6457 4877 if you have any queries

More information can be found at http://ww2.health.wa.gov.au/Articles/N_R/Patient-blood-management


**Oral Iron preparations for treatment of Iron Deficiency Anaemia (IDA) in Australia**

**SCGH Preoperative Algorithm**
PATIENT LIAISON SERVICE

Location: 3rd Floor A Block  

The Patient Liaison Service provides information to patients and family members or carers in relation to any aspect of care treatment at SCGH.

The service also manages patient complaints and feedback.

Phone:  6457 2867
Fax:  6457 4573
PHARMACY

- For hospital patients only. All prescriptions must be written by a hospital doctor.

Schedule 8 drugs and non PBS drugs such as Gabapentin and Pregabalin
See “Pain Management” section for advice on how to arrange ongoing supply of these medications to hospital patients.

CONTACT NUMBERS

ENQUIRIES
Tel: 6457 2334
Fax: 6457 4480

PHARMACY HOURS
Outpatient Pharmacy
Mon to Fri: 08:30 to 17:00
Physiotherapy

Location: Ground Floor, A Block

Eligibility for physiotherapy outpatient treatment:

- Patients who have been medically reviewed in either a specialty outpatient clinic or inpatient ward are eligible for treatment.

- Patients who have an acute injury and have been medically reviewed in the Emergency Department are eligible for treatment if the patient has also been referred to a specialty clinic for follow-up.

- Patients with a chronic injury/complaint are not eligible for treatment via a direct referral from the Emergency Department.

- **Patients with a GP referral are not eligible for treatment by the department’s qualified staff. They can, however, refer patients to the Curtin Physiotherapy Clinic (see below).**

GP referrals are accepted at the following hospitals (if within their catchment areas):

- Joondalup Health Campus
- Osborne Park Hospital
- Lockridge Community Health Centre
- Swan District Health Service
- Bentley Health Service
- Armadale Health Service
- Rockingham/Kwinana District Hospital
- Kwinana Community Health Centre

**Curtin Physiotherapy Clinic**

This clinic is located in the Physiotherapy Outpatients Department in A Block. A full-time supervisor and six final year physio students run the clinic from Curtin University. The same public referral guidelines for the Outpatient Physiotherapy Department apply to the Curtin Physiotherapy Clinic. In addition, the clinic will also accept community (GP) referred patients. Referrals are welcome but not required. Because it is a teaching facility, we are able to provide services for a reduced fee.

- Initial consultation $22.00 – No rebate available.
- Follow-up consultation $18.00 – No rebate available.
- Patients with private insurance or compensable conditions are encouraged to seek treatment in the private sector wherever possible.

Written referrals welcomed but not required. Appointments are made via 6457 2337. Fax: 6457 3037

Waiting lists do apply and patients are priorities on clinical need eg Hydro has a 3 month wait list for chronic conditions.

**Free physiotherapy for patients with neurological conditions.**

The SCGH Physiotherapy Department has commenced a new service which may be of benefit to some of your adult patients who have neurological conditions. These include, but are not limited to: stroke, MS, Parkinsonism, Vestibular disorders (eg BPPV), Motor Neurone Disease, footdrop.

The service is provided by final year physiotherapy students under direct supervision from a Senior Physiotherapist. Currently there is no waiting list.

**Service:** Neurological Physiotherapy Outpatients

Up to 10 weeks of treatment

Top-up treatments for patients with chronic, ongoing complaints

**How to Refer:**

Fax to: Neuro Physiotherapy 6457 3037

Please contact Cam Mead Senior Physiotherapist, on 64572337 if you have any queries.

Ian Cooper, Head of Department – Physiotherapy – SCGH on 6457 2035.
PLASTIC AND RECONSTRUCTIVE SURGERY

Location: Ground Floor, C Block Neurosciences Division

• Includes Hand Surgery Service and Oral and Maxillo-facial Service.
• Comprehensive coverage of all aspects of adult plastic and reconstructive surgery excluding burns.
• Two plastic surgeons provide a hand surgical service.
• One Oral and Maxillo-facial surgeon covers maxillo-facial trauma in association with the plastic surgeons.
• Cranio-facial surgery.
• Areas covered in association with other surgeons include:
  1. ENT - Head and Neck Surgery (Reconstruction)
  2. Orthopaedic - Limb Trauma (Reconstruction)
  3. General Surgery - Breast Reconstruction
• Skin cancers and soft tissue trauma continue to occupy a large part of the service.

CONTACT NUMBERS

Administrative Assistant Ms Tel: 6457 3171
Fax: 6457 4388
Email: Anne.Naudi@health.wa.gov.au

Plastic Dressing Clinic 64573527

Specialists

Head of Department: Dr Remo Papini

Specialist Interests

• Hand Surgery
• Microsurgery
• Breast Reconstruction
• Head and Neck Reconstruction
• Skin Cancers

Outpatient Referrals

• Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).
• Urgent via Administrative Assistant or page the on-call registrar

Maxillo-facial trauma

Maxillo-facial trauma is co-ordinated via the on-call Plastic Surgery Registrar or Administrative Assistant. Page the on-call Registrar.
PODIATRY

Location: Lower Ground (Basement) G Block

Services

- SCGH is a tertiary Podiatry service for the management of patients with complex foot ulceration and/or acute Charcot Neuroarthropathy.
- No ongoing routine care for high / low / intermediate risk.
- Telehealth Service available for rural and remote WA
- Nail surgery – for high risk patients only with medical governance at SCGH
- No pediatrics
- Community Aids and Equipment Program (for footwear and foot orthotics). CAEP post code catchment apply for all CAEP referrals

Referrals

Who can refer?

- Foot and Leg Ulcer Clinic (FLUC) referrals from GP, NP and Podiatrists or other Department of Health services.
- For patient with medical governance at SCGH – referrals accepted from medical, nursing and allied health staff of SCGH
- CAEP referrals by any medical practitioner; patient must fulfill CAEP referral criteria.

Process for referral:

- Foot and Leg Ulcer Clinic Referrals can be made via the Central Referral Service
- All CAEP referrals must be sent to Podiatry department via fax 6457 1568 or post
- All internal referrals via eReferrals

Phone: (08) 6457 3373  Fax: 08 6457 1568
Emails: SCG.podiatry@health.wa.gov.au
Clinic hours: Full time clinics Monday – Friday 0730 - 1630
POISONS INFORMATION CENTRE
Western Australian Poisons Information Centre (WAPIC)

Location: Ground Floor, G Block

Services

The centre provides telephone consultation to medical professionals and the general public in cases of acute and chronic Poisonings. The centre serves more than half the geographic area of Australia including Western Australia, South Australia and the Northern Territory.

Toxicological advice is provided on the management of exposures to prescription and non-prescription pharmaceuticals, household and industrial chemicals, plants, animal envenomations, pesticides and other agricultural products.

The centre operates from 08:00 – 22:00 hours five days a week and 24 hours per day two days per week. Outside these hours, service provision is ensured by automatic call forwarding to the NSW Poisons Information Centre.

The WAPIC has a close working relationship with SCGH’s Emergency Department and the WA Clinical Toxicology Service.

DEPARTMENT CONTACT DETAILS

Emergency Calls: 13 11 26
Email: Ann-Maree.Lynch@health.wa.gov.au
Physical Location: G Block, Ground Floor
Contact Number: 6457 1943 (Administration)
SCGH does not receive outpatient referrals direct from GPs. GP referrals should be directed to their local community mental health clinic.

The Mental Health Unit provides:

- An acute adult psychiatric service.
- An inpatient service.
- Emergency psychiatric service.
- Liaison and consultative service to the hospital’s departments.
- A limited day hospital and outpatient service.
- Supervision and teaching to medical students, psychiatric registrars and Allied Health professionals in training.

The emergency psychiatric service is run by an on-duty Registrar and Consultant on call 24 hours. Access for discussion about possible admissions, urgent outpatient appointments or advice is initially through the on-duty Psychiatric Registrar.

**CONTACT NUMBERS**

<table>
<thead>
<tr>
<th>Reception</th>
<th>Tel: 6457 2100</th>
<th>Fax: 6457 2082</th>
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<tbody>
<tr>
<td>Registrar on-duty</td>
<td>Switch: 6457 3333 and Pager</td>
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<tr>
<td>Consultant Psychiatrist on-call</td>
<td>Switch: 6457 3333 and Pager</td>
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**Specialists**

All specialists are contactable via D Block reception on 6457 2100 or 6457 2710.

**Head of Department**

Dr Mark McAndrew

For information on current inpatients contact the Inpatient Registrar by ringing Ward Nursing Station on 6457 2458 and ask for the name of the appropriate registrar for the particular patient.

**Specialist Interests**

- Self Harm Intervention Programme - Richard Majda/Laura Wolters
- Special programmes can be organised with the Clinical Psychologist but all such patients should be referred to the Psychiatric Outpatient Clinic in the first instance.
- Dialectical Behavioural Therapy – referred through Clinical Psychology.
- Community Mental Health Nurse – Joan Anderson
- Consultation Liaison Nurse – Mary Dodds
- Transition Program - Laura Foster
The Department of Pulmonary Physiology & Sleep Medicine provides a comprehensive respiratory function assessment service to identify disease, define its cause and assess severity and its change with time or treatment. Tests available include general assessment (lung volumes, maximum expiratory flow, gas distribution, gas transfer); spirometry; maximum inspiratory flow; arterial blood gases (including their collection); bronchial provocation testing (methacholine, histamine, mannitol, hypertonic saline, other); cardiopulmonary exercise testing; six-minute walk test; simulated altitude testing; nasal resistance; control of breathing; lung mechanics; maximum mouth pressures; and respiratory muscle function.

Sleep Medicine is a major centre for the investigation and management of sleep-related disorders including snoring, sleep apnoea, sleep hypoventilation, chronic or recurrent respiratory failure, narcolepsy and related conditions.

**CONTACT NUMBERS**

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<th>Pulmonary Physiology Reception/Bookings</th>
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<tr>
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<td>Fax: 6457 2034</td>
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<tr>
<td>Sleep Medicine Reception/Bookings</td>
<td>Tel: 6457 2422</td>
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<td>Fax: 6457 2822</td>
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**Specialists**

All Specialists are contactable on 6457 2888 or after hours through the Hospital switchboard on 6457 3333.

**Head of Department**

Dr B Singh  
Dr R Hillman  
Dr S Cullen  
Dr A James  
Dr R Warren  
Dr N McArdle  
Dr J Leong  
Dr S Phung  
Dr I Ling  
Dr C Kosky

**Specialist Interests**

- Respiratory Function Assessment  
- Sleep Disorders

**Outpatient Referrals**

Routine referrals should be sent direct to Sleep Medicine (not via Central Referral Service)  
Urgent requests by phone or fax.

<table>
<thead>
<tr>
<th>Lung Function Tests</th>
<th>Tel: 6457 2888</th>
<th>Fax: 6457 2034</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Disorders Clinic</td>
<td>Tel: 6457 2422</td>
<td>Fax: 6457 2822</td>
</tr>
</tbody>
</table>

**Patient Advice Services**

Departmental information pamphlets are available on request.
RADIATION ONCOLOGY

Location: F Block and Cancer Centre (DD Block)  Cancer Division

- Tertiary referral service for opinion and management of all malignancies.
- Ongoing Research and Development programme.
- Close relationship with Palliative Care Service (two weekly clinics in Department).
- Active participants in Multidisciplinary Management of malignancies.
- Specialist training (Radiation Oncology) and training of medical students.
- Advanced procedures:
  - Prostatic Brachytherapy
  - Stereotactic Radiosurgery
  - Malignancy
  - AVM

CONTACT NUMBERS

Administration        Tel: 6457 4909    Fax: 6457 3402
Head of Department    Dr Josh Dass    Tel: 6457 4909

Specialists
All Specialists are contactable on 6457 4909 or after hours (the on-call specialist) through the switchboard on 6457 3333.

Specialist Interests
The whole range of malignancies is covered.

Specialty                  Consultants
Head and Neck Malignancies A/Prof Chee, Dr Kuan
Breast Cancer             Dr Taylor, Prof Joseph
Colorectal Cancers        Prof Spry, A/Prof Chee
Central Nervous System Malignancies Prof Bydder, Prof Joseph
Urologic Malignancies     Prof Spry, Prof Joseph, Prof Bydder
Hematologic Malignancies  Prof Bydder, Prof Joseph
Sarcomas                  Prof Joseph, Dr Taylor
Lung Neoplasms            Prof Bydder
Paediatric Oncology       Dr Taylor

Outpatient Referrals
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3). Ideally naming preferred specialist(s). See table above for suggestions.

Tel: 6383 3000 (Cancer Centre) for queries re referrals and patient bookings
Fax:

For urgent queries/referrals Radiation Oncologist on-call 24 hours per day via 64573333.

Patient Advice Services
- Palliative Care Service
- Nursing Advice
RADIOLOGY

Location: Ground Floor and 1st Floor, G Block

The Radiology Department provides a comprehensive range of Diagnostic and Interventional Imaging Services for SCGH and other facilities on the QEII Medical Centre site. Unfortunately, referrals cannot be accepted from General Practitioners (except via the Emergency Department) at this time. MRI services accept external Specialist referrals as stipulated by the Federal Government.

RESULTS
Tel: 6457 2233

CONTACT NUMBERS

Head of Department
Jonathan Tibballs
Tel: 6457 2177
Fax: 6457 4583

Specialist Interests
- Abdominal/Chest Radiology
- Oncology
- Mammography
- Interventional/Vascular Radiology
- CT Scanning
- MRI
REHABILITATION AND AGED CARE

Location: C Block Sir Charles Gairdner Hospital
Also located at Osborne Park Hospital

Chronic & Acute Medicine Division

Comprehensive service to the elderly in the form of:

- Acute medical treatment and multi-disciplinary rehabilitation for inpatients including Physiotherapy, OT, Speech, GEM and Orthogeriatrics.
- Consultative assessment of inpatients and community-based patients.
- Medical consultation forward-based, community-based, day hospital and outpatients.
- Domiciliary consultation and community support services.
- Residential care assessment in home, hospital and residential communities.
- Day Hospital remedial and maintenance therapy.
- Day hospital specialists’ clinics in memory, continence, falls, osteoporosis, geriatric, amputees, clinical psychology, occupational therapy, Parkinson’s Group and physiotherapy.
- Delirium & surveillance unit (DASU) – located in ward C16 SCGH specialises in the management of patients with delirium.
- Orthogeriatric service

NB: Rehabilitation inpatients beds located in Ward C17 at SCGH and Wards 4 & 5 Osborne Park Hospital.

Head of Department: Dr Nick Spendier

Outpatient Referrals
Routine referrals for medical review and ACAT should be sent to the Central Referral Service (see “Referrals” on page 3). Urgent referrals should be directed to phone 6457 2644 fax 64571989.

Queries regarding bookings for aged care re-appointments should be direct to 64572594.

CLINIC SESSIONS

<table>
<thead>
<tr>
<th>Day</th>
<th>Sessions</th>
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<tbody>
<tr>
<td>Monday</td>
<td>General Clinic&lt;br&gt;Memory/General Clinic&lt;br&gt;Memory (pm)&lt;br&gt;Continence Clinic&lt;br&gt;Parkinson’s Group&lt;br&gt;General/Rheumatology</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Continence Clinic</td>
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<tr>
<td>Wednesday</td>
<td>Falls Clinic</td>
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<tr>
<td></td>
<td>Amputee Clinic&lt;br&gt;General Clinic</td>
</tr>
<tr>
<td>Thursday</td>
<td>General Clinic&lt;br&gt;General Clinic/Fragile&lt;br&gt;Bone/Osteoporosis/General/Memory/Orthogeriatrics</td>
</tr>
<tr>
<td>Friday</td>
<td>Parkinson’s Group&lt;br&gt;Zomenta Infusions</td>
</tr>
</tbody>
</table>
RENAL MEDICINE

Location: 6th Floor, G Block

- Comprehensive management of Renal and related diseases including Hypertension and Fluid/Electrolyte disorders.
  - Conducted via inpatient/outpatient, public/private service.
  - In Perth, Albany, Geraldton, Carnarvon and Bunbury.
- Comprehensive dialysis service incorporating Hospital, satellite centre and home management, using haemodialysis and peritoneal dialysis.
  - Clinical and administrative involvement in provision of dialysis at Joondalup and Geraldton.
- Including cadaveric, living related and living unrelated kidney donation.

Specialists
All Specialists are contactable on 6457 2799 or after hours through the Hospital switchboard on 6457 3333.

**Head of Department**
- Professor Neil Boudville
- Dr Aron Chakera
- Dr Harry Moody
- Dr Brian Hutchison
- Dr Robyn Yeo
- Dr Wai Lim
- Dr Doris Chan
- Dr Sharan Dogra
- Dr Hadley Markus

**Outpatient Referrals**
- Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).
- Urgent requests via Consultant or Renal Registrar directly (Pager through switchboard).
Provides advice and support to staff in Residential Aged Care Facilities (RACF) to:

- Prevent avoidable presentations to the Emergency Department and avoidable admissions to hospital, reducing the demand on inpatient beds.
- Provide care tailored to meet the complex health needs of the frail elderly living in RACFs.
- Provide clinical advice and support to RACF staff.
- Provide early health care intervention.

Provides support and advice to staff in Sir Charles Gairdner Hospital and Joondalup Health Campus to:

- Assist with complex discharge issues for patients going to RACFs.
- Reduce length of hospital stay.
- Improve communication and build relationships between RACFs and acute care setting.
- Work closely with the Care Coordinator in the Emergency Department.

Service available 7 days from 0800 to 1600.

**Contact Details**

CNC Carol Douglas  
Tel: 6457 3146

Clinical Nurse Alison Hayburn  
Clinical Nurse Kate Westphal  
Clinical Nurse Lynda Green
RESPIRATORY MEDICINE

Location: Ground Floor & First Floor, B Block
Heart and Lung Division

The Department of Respiratory Medicine provides the full range of respiratory services for inpatient and outpatient care. The unit comprises 28 beds and provides a bronchoscopy service with imaging facilities and a HDU (High Dependency Unit) for the management of patients with respiratory failure requiring non-invasive assisted ventilation (e.g., Bi-PAP and CPAP).

Procedures undertaken within the Department include bronchoscopy, laser photocoagulation, airway stent insertion and endobronchial irradiation (brachytherapy).

The Department provides an outpatient pulmonary rehabilitation programme for patients with severe chronic respiratory disorders.

The Department also provides an outpatient clinic service covering the full range of respiratory diseases.

Specialists
There is an on-call registrar and consultant contactable after hours through the hospital switchboard on 6457 3333.
Dr Fraser Brims (Head) 6457 3251
Secretary to C/Prof AW (Bill) Musk and Co-ordinator, Perth Mesothelioma Group
Naomi Hammond
Tel: 6457 4528
Fax: 6457 1555

PRNI AND PUBLIC OUTPATIENT CLINICS

Clinic Clerk 6457 1756
Tel: 6457 1756
Fax: 6457 1555

Outpatient Referrals
Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).

Urgent referrals should be discussed with the appropriate Physician or Registrar and arrangements will be made to accommodate emergencies.

If possible, a named referral to the preferred consultant and sub-specialty clinic of choice would help to facilitate the appointment.

Specialty Clinics

Dr Weng Chin Pulmonary Hypertension / Lung Transplants / Advanced Lung Disease
Dr Martin Phillips Lung Cancer/Interventional Bronchoscopy / General Respiratory
Prof Bruce Robinson Sarcoïdosis / Asthma / Asbestosis
C/Prof A W (Bill) Musk Mesothelioma / Asbestosis / General Respiratory
Prof Phil Thompson Severe Asthma / Airways Disease / General Respiratory
Dr Anthony Tribe General Respiratory
Dr Siobhan Mulrennan Cystic Fibrosis / General Respiratory
Prof Gary Lee Pleural Diseases/General Respiratory
Prof Fiona Lake Interstitial Lung Disease/General Respiratory
Ward G54  
Tel: 6457 1654

Clinical Nurse Specialist Ward G54  
Ms Linda Cruickshank  
Tel: 6457 1654  
Pager 4933

Nurse Practitioner Cystic Fibrosis  
Ms Sue Morey  
Tel: 6457 2318  
Pager 4820

Lung Transplant  
Mrs Siobhan Dormer  
Tel: 6457 1758

Pulmonary Arterial Hypertension  
Mrs Tara Hannon  
Tel: 6457 1087

Asthma Coordinator  
Mrs Sara Coleman  
Tel: 6457 1194  
Pager 4088

Home Visiting Respiratory Nurse  
Mrs Barbara Stubber  
Tel: 0410 447 416

Research Coordinators  
Cathy Read  
Tel: 6457 1078

WA Lung Research  
Steph Phelps  
Tel: 6457 1077

Patient Advice Services

- Asthma Education  
  Tel: 6457 3333 and Pager 4088  
  Fax: 6457 1555

- Lung Impaired Support Association  
  Tel: 9309 9610
- Pulmonary Rehabilitation Programme  
  Tel: 6457 1312
- Dietitian  
  Tel: 6457 2991
- Pharmacist  
  Tel: 6457 2159
- Physiotherapist  
  Tel: 6457 1312
- Occupational Therapist  
  Tel: 6457 4831
- Social Worker  
  Tel: 6457 4666

Referred via Respiratory
RHEUMATOLOGY

Location: Ground Floor, E Block

CONTACT NUMBERS

Administration: Tel: 6457 4072
Fax: 6457 1625

Outpatients: Tel: 6457 3116

Head of Department Dr Hans Nossent

Outpatient Referrals

Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).

Urgent

Page Registrar on 4208 via switchboard 64573333.

Regional

Albany (four times per year)
Kalgoorlie (six times per year)
Mandurah (weekly)
Port Hedland/Karratha/Dunsborough/Bunbury (twice per year)

Other information

Inpatients - elective and via Emergency Department.
Inpatient Consultations.
Telephone advice as required.
Close co-operation with Allied Health Professionals/Podiatry/Shoe and Orthoses Clinic/Physiotherapy/Pain Clinic and Orthopaedic.
SHORT STAY UNIT

Location: 2ND Floor, G Block Surgical Division

- The Short Stay Unit houses the Day Procedure Unit and the Day of Surgery 23/47 Hour Unit. The Day Procedure Unit cares for patients before and after their procedure and discharges these patients home on the same day. The Day of Surgery 23/47 hour Unit (DO23/47) cares for patients requiring a 1 or 2 night hospital stay post elective surgery. These patients are admitted to the hospital on the day of their surgery, recovered within the Unit and discharged once deemed fit.

CONTACT NUMBERS

Clinical Nurse Specialist: Claire Kennedy Phone: 6457 1507
Nurse Manager: Catherine Byrne Phone: 6457 3621

DPU: 6457 3099
DO23/47: 6457 4181
SILVER CHAIN HOME HOSPITAL

Hospital-level health care, delivered at home across Perth metro
Silver Chain Home Hospital is a state government-supported hospital avoidance initiative providing hospital-level health care services in the home across the Perth metro area. The service currently provides short term clinical care to over 650 patients a day, delivering treatment for a wide range of medical conditions and is free to Medicare patients.

Our team delivers integrated and co-ordinated acute and sub-acute care services during an episode, to patients who would otherwise require hospitalisation. It's a virtual 24/7 hospital underpinned by a robust clinical and medical governance structure, which meets ACHS accreditation standards.

Our range of in-home services includes:

**Hospital at Home**
A 24/7 hospital substitution program. Patients will receive quality and responsive acute care at home for which they would otherwise require a hospital admission or extended hospital stay by virtue of a medical condition and necessary treatment.

**Post-acute Care**
Providing in-home care interventions for patients in the immediate post-discharge period from hospital after a medical or surgical intervention. On average patients require this care for up to two weeks.

**Community Nursing**
An alternative to admitting patients to hospital, delivering care for those who don't require 24-hour medical governance.

**Priority Response Assessment (PRA)**
A 24/7 advanced clinical assessment and treatment service, provided in the patient's home or residential care facility within four hours, thereby avoiding the need for a visit to a hospital emergency department for many patients.

Home Hospital is part of the Friend in Need Emergency (FINE) Scheme, a WA Government initiative.

Call 1300 Home Hospital (1300 466 346) and speak directly to our Ambulatory Liaison Nurses (ALN's) to discuss your referral and determine if your patient is eligible. Alternatively visit our website www.homehospital.org.au to download a referral form and one of our ALNs will contact you for further clinical information.

Home Hospital services are ONLY available in Perth metro locations. For more information, please contact our Customer Care Centre on (08) 9242 0242.
SOCIAL WORK

Location: 1st Floor, E Block

- Social work and welfare services are available to all hospital inpatients and current outpatients.
- The Social Work Department is open from Monday to Friday, 8:30am to 5.00pm.
- A weekend and public holiday social work service is available in the Emergency Department and Medical Assessment Unit.
- Limited on-site accommodation is available to outpatients from the country and country relatives of inpatients. For bookings, contact the Welfare Officer on 6457 4666.
- Interpreters are provided for patients admitted to the hospital or attending outpatient appointments.

CONTACT NUMBERS

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Tel</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Department</td>
<td>Mary Joyce</td>
<td>6457 4671</td>
<td></td>
</tr>
<tr>
<td>Administration Assistant</td>
<td>Michael Edwards</td>
<td>6457 4666</td>
<td></td>
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<tr>
<td>Patient Advice Services</td>
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<td></td>
<td>6457 4906</td>
</tr>
<tr>
<td>Aged Care Assessment Team</td>
<td></td>
<td></td>
<td>6457 3333</td>
</tr>
<tr>
<td>(ACAT)</td>
<td></td>
<td></td>
<td>Pager: 4096 (weekdays)</td>
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</tbody>
</table>
SOLARISCARE FOUNDATION CANCER SUPPORT CENTRE

Description

The SolarisCare Cancer Support Centre is a purpose built drop-in centre offering free support and a ‘soft place to fall’ for all cancer patients and their carers in Western Australia who need support through their diagnosis and treatment. SolarisCare is at the forefront of integrating Complementary Integrative Therapy (CIT) into mainstream healthcare in both public and private hospitals. The Centre has information on accommodation, types of cancer, and links to local and national groups. The Centre has initiated various research projects and has links with Edith Cowan University, University of Western Australia, and Curtin University for recruiting patients into their research programs.

SolarisCare provides a ‘listening ear’ and access to a wide range of supervised and gentle complementary therapies that do not conflict with mainstream treatments. The policy of SolarisCare is to support mainstream treatments at all times. The services are provided through its volunteer program and patients are able to choose the therapy they would like to have. Contact the Centre to obtain a program or download it from the website.

CONTACT DETAILS

SolarisCare Sir Charles Gardiner Hospital
Comprehensive Cancer Centre
DD Block, Ground Floor
Hospital Ave
Nedlands WA 6009

Opening Hours:
Monday – Friday 8:30- 4:30pm

Reception  Tel:  6383 3475
Fax:  6457 3793
Coordinator  Tel:  6383 3483
Research  Tel:  6383 3481
Website  www.solariscare.org.au

SolarisCare St John of God Hospital Subiaco
12 Salvado Road
Subiaco WA 6008

Opening Hours:
Monday – Friday 9:30- 4:30pm

Reception  Tel:  9388 9788
Fax:  9388 9700
Coordinator  Tel:  9381 3097
Website  www.solariscare.org.au
SolarisCare South West
72 Brittain Road
Bunbury WA 6230

Opening Hours:
Monday – Friday: 9:30- 4:30pm

<table>
<thead>
<tr>
<th>Reception</th>
<th>Tel:   9791 1559</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator</td>
<td>Tel:   9791 1558</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.solariscare.org.au">www.solariscare.org.au</a></td>
</tr>
</tbody>
</table>

SolarisCare Great Southern
Ambulatory Cancer Care Centre
Albany Health Campus
Warden Ave
Albany WA 6330

Opening Hours:
Monday – Thursday: 9:30- 4:30pm

<table>
<thead>
<tr>
<th>Reception</th>
<th>Tel:   9892 2601</th>
</tr>
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<tbody>
<tr>
<td>Coordinator</td>
<td>Tel:   9845 8752</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.solariscare.org.au">www.solariscare.org.au</a></td>
</tr>
</tbody>
</table>
The Speech Pathology Department at SCGH provides assessment and treatment of communication and swallowing disorders for adults with acute or progressive illness. The department provides specialist communication management for difficulties in auditory and reading comprehension, verbal and written expression, motor speech, and voice and specialist management of swallowing.

Outpatient services are available Monday to Friday – Hours of attendance will vary depending on the speech pathology specialty area required.

CONTACT NUMBERS

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Tel.</th>
<th>Fax.</th>
</tr>
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<tbody>
<tr>
<td>Head of Department</td>
<td>Kim Brookes</td>
<td>6457 2044</td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td>6457 2044</td>
<td>6457 4103</td>
</tr>
</tbody>
</table>

Specialist Interests

The speech pathology department has specialist interest in swallowing, voice, tracheostomy, head and neck surgery and language disorders.

Combined specialty clinics exist for:
- Voice – Speech Pathology and ENT
- Swallowing (Videofluoroscopy) – Speech Pathology and Radiology
- Swallowing (Fibreoptic Endoscopic Evaluation of Swallowing, FEES) – Speech Pathology and ENT

Outpatient Referrals

The Speech Pathology department will offer outpatient treatment to:
- Patients who have been medically reviewed in either a SCGH specialty outpatient clinic or inpatient ward.
- Patients with an acute illness who have been medically reviewed in the ED and referred to a SCGH specialty outpatient clinic.

The Speech Pathology department does not accept:
- Direct GP referrals.
- Nursing Home patients for outpatient’s services.

Waiting lists do apply and patients are prioritised on clinical need.

Other Relevant Information

A list of all West Australian Private Speech Pathologists can be found at www.pspawa.com.au
The CNC Stomal Therapy provides pre and post-operative teaching and management of patients with stoma formation, but also management of patients with draining wounds or fistulae. In addition, patients with stomas are introduced to the State Ostomy Association prior to discharge from hospital to facilitate their access to supplies and support networks.

The CNC Stomal Therapy provides:

- Pre-operative counselling and siting of potential stoma patients.
- Post-operative education to promote independence in stoma care.
- Ongoing outpatient support service.
- Consultation regarding wound care, specifically draining and abdominal wounds.
- Advice on management of faecal incontinence.
- Dietary advice for patients following bowel surgery and for stoma patients.
- Education of nursing and allied health regarding stoma/wound care.

Contact Numbers

Clinical Nurse Consultant: Stomal Therapy
June Hooper
Tel: 6457 4368/3408
Fax: 6457 1899
Pager 6457 3333 and ask for page 4311

Specialist Interests

- Stoma Care
- Wound Care - especially draining wounds, skin care

Outpatient Referrals

Patients can be seen in conjunction with Consultant’s outpatient sessions or patients can ring to make an individual appointment (see below).

Clinic Sessions

Stomal Therapy - located on the 6th Floor of G Block.
Mon - Thurs 07:30 - 16:00
Fri 07:30 - 14:00
STATE HEAD INJURY UNIT

Location: Ground Floor, E Block, Watling Street

Neurosciences Division

The State Head Injury Unit (SHIU) provides statewide community rehabilitation services for patients who have sustained an acquired brain injury. The Unit’s primary focus is to provide assessment and treatment for individuals undertaking the transition from hospital to home. It provides clinical case coordination, therapy and consultancy for patients and the service community.

The Unit provides:

Case Coordination Services
Case coordinators are allied health professionals with a background in rehabilitation. They provide a range of services including information, guidance, support and monitoring. They also provide assistance to link people into community services that can provide further rehabilitation opportunities or long term practical support. By working with the person with ABI and their family, the case coordinator will help to identify needs and suggest ways that these needs can be met.

Therapy Services
In conjunction with the case coordination service, the State Head Injury Unit provides individual therapy programmes. The focus of therapy is to assist people to adapt to changes in their abilities in order to live as independently as possible, work, and participate in leisure and recreational activities.

The therapy service includes:

- Occupational therapy
- Physiotherapy
- Psychology
- Social Work
- Speech Pathology

Therapy services are provided in the most relevant setting. This may be at home, at work, in the community, or at the State Head Injury Unit. A strong emphasis is placed on assisting people to access services and resources within their local community.

- An active teaching role supervising undergraduate and postgraduate students from UWA, Curtin and Murdoch University.
- Operates a significant community education programme including a regular carer training course for employees of the government and non-government sector.
- Operates across standard office hours (Mon-Fri).

Contact Numbers
Tel: 08 6457 4488 Fax: 08 6457 4489

Specialist Interests:
Long term outcomes subsequent to brain injury. Community participation for individuals with brain injury (especially social integration and employment participation). Developing effective service models for the delivery of community rehabilitation services within the most appropriate setting.

| Referrals - The SHIU provides services for people between the ages of 16 - 65 who have experienced a discrete event resulting in an acquired brain injury eg trauma, stroke, tumour, encephalopathy and infection. SHIU does not provide services for people with progressive, degenerative neurological conditions. Priority is given to people with recent, moderate to severe injury. |

|
UROLOGY

Location: 7th Floor, G Block  Gastro Renal Division

- Outpatient Services  
  - new and review cases
- Inpatient Services  
  - emergency cases  
  - intra-hospital referrals  
  - elective surgery
- Urology Procedure Facility - cystoscopy (outpatient), transrectal ultrasound and biopsy (outpatient).
- Transrectal ultrasound and prostatic biopsy.
- Video urodynamics (via RPRH).
- Minimally invasive stone surgery – percutaneous nephro-lithotomy and ureteroscopic lasertripsy.
- Genitourinary Oncology.
- Nurse Continence Adviser.
- Catheters (outpatient)
- Bladder installations

Specialist Interests

- Prostatic disease - benign and malignant
- Minimally invasive management of urethral and renal calculi and other endo-urological procedures
- Holmium Yag Laser for endo-urology

Outpatient Referrals

Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).  
For appointment queries Tel: 6457 4861  
Fax: 6457 4862  
Urgent problems can be discussed with training Registrar via switchboard.

Patient Advice Services

Nurse Continence Adviser – see Continence Service phone nurse 64574487.

Prostate cancer counselling via Urological Research Centre Research Sister  
Phone: 6457 4860  
Fax: 6457 4374
VASCULAR SURGERY

Location: 6th Floor, G Block

The Department of Vascular Surgery provides a comprehensive service for the inpatient and outpatient management of all vascular conditions, including endovascular, open surgical and hybrid treatment of:

- peripheral vascular disease
- aneurysmal disease – abdominal, thoracic and peripheral
- carotid artery stenosis
- reno-vascular disease
- acute ischaemia, chronic ischaemia
- mesenteric ischaemia
- chronic venous insufficiency
- varicose veins (i.e. ulceration or thrombophlebitis)
- hyperhidrosis
- thoracic outlet syndrome
- vasculitis
- vascular problems relating to connective tissue disease
- diabetic foot
- complex foot and leg ulceration

Emergency and elective service.

Specialists

Dr Shirley Jansen (Head of Dept)
Dr Joe Hockley
Dr Marek Garbowski
Dr Steve Baker
Dr Stefan Ponosh

Tel: 64573255

Outpatient Referrals

Routine referrals should be sent to the Central Referral Service (see “Referrals” on page 3).

Patients or GPs can leave a message anytime on 6457 3255.

For urgent matters contact Vascular Registrars on Pager numbers 4803/4210.
Vascular Surgery Continued

WA PET SERVICE

Location: 1st Floor, G Block (In Nuclear Medicine Via Blue Lifts)

The WA PET Service provides Positron Emission Tomography (PET) services to the people of Western Australia. PET is a clinical tool used predominantly for the initial staging, re-staging and therapeutic monitoring of many cancers, investigation of neurological disorders and cardiac viability.

Location and Contact Details
First Floor, G Block (in Nuclear Medicine via the blue lifts)
Tel: 6457 2322
Fax: 64573610
http://www.nmpetscgh.com/

The PET Service hours of operation are between 07:00 and 17:00.

Ordering an Investigation

PET studies can only be requested by a consultant or specialist. A PET request form must be fully completed and either sent or faxed before an appointment can be scheduled.

If you have any questions with regard to this form, please do not hesitate to contact the WA PET Service.

Request forms can be obtained from the PET service or alternatively download from the website home page under referral forms and clicking on PET oncology, neurology or myocardial referrals.

If you would like to discuss your referral with PET consultant, please contact 6457 2322. Specified indications attract a Medicare rebate, predominantly for Oncology services. Further details are available on through the Department of Health MBS website.

Results

All results are faxed to the referring consultant within 2 working days of the PET scan wherever possible. All images and reports are available on the PACS system and iCM for public patients. Results for private outpatients are provided on CD to the referring consultant.

Important Preparation Points for FDG PET scans
- Patients must fast six hours before their scan.
- A non-fasted oncologic patient will be rescheduled.
- Patients are contacted individually for preparation discussion and a text message reminder is sent regarding their appointment.
- Preparation of diabetic patients may need to be discussed with PET physician.
- The scanning beds may not be suitable for patients over 200Kg.

Research interests
The department has an active research program with several current clinical trials.
For further enquiries please contact: NuclearMedicineResearch.SCGH@health.wa.gov.au
WOUND MANAGEMENT SERVICE

The Nurse Practitioner Wound Management provides assessment and advice on wound management and advice on wound management problems including treatment options and multidisciplinary liaison, education on wound care, prevention and management of pressure ulcers, and coordination of pressure ulcer surveillance. The Nurse Practitioner is also an integral part of the SCGH Leg Ulcer Clinic.

The Nurse Practitioner, Wound Management provides:

- A consultancy service on wound management problems to patients, staff and the community.
- Support and education to patients and staff in relation to wound management.
- Advice on wound management products.
- Advice on the prevention and management of pressure ulcers.
- Liaison role between patients, staff and other agencies eg Silver Chain, Leg Ulcer Clinic etc.

Contact Numbers
Nurse Practitioner for Wound Management
Ms Pam Morey
Tel: 6457 3266
Fax 6457 1899
Page: Ring 6457 3333 and ask for page 4354.

Specialist Interests
- Leg ulcers
- Pressure Ulcers
- Unusual wound aetiologies

Outpatient Referrals
Contact via Pager for appointment with Nurse Practitioner.

For referral to Leg Ulcer Clinic - contact Vascular Surgery Department Secretary on phone 6457 3255.
Fax: 6457 2208