“Maintaining hope when powerless- how clinicians hope to change the system”

Paul Burton

Scope

1. Maintaining hope and where we sit in the system

2. Outcomes in public system and current service delivery – why I am hopeful

3. Complementary activities

4. Future challenges – thinking ahead

SA Health
9 October 2017 ·

The new 1,820 space Southern car park at Flinders Medical Centre is now open. The new car park means 1,260 more spaces for staff, patients and their families than before. For more information visit: http://bit.ly/2y3T6jw

Power fans hate being labelled as feral just because their fans are always doing feral things

1 2 3

Yibirin M, De Oliveira D, Valera R, et al. (January 18, 2021) Adverse Effects Associated with Proton Pump Inhibitor Use. Cureus 13(1): e12759. DOI 10.7759/cureus.12759


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The Alfred Bariatric Centre

The Alfred hospital doctors who took their operating theatre to a car park

Julia Medew

September 3, 2016 — 6.30pm

Save Share A A

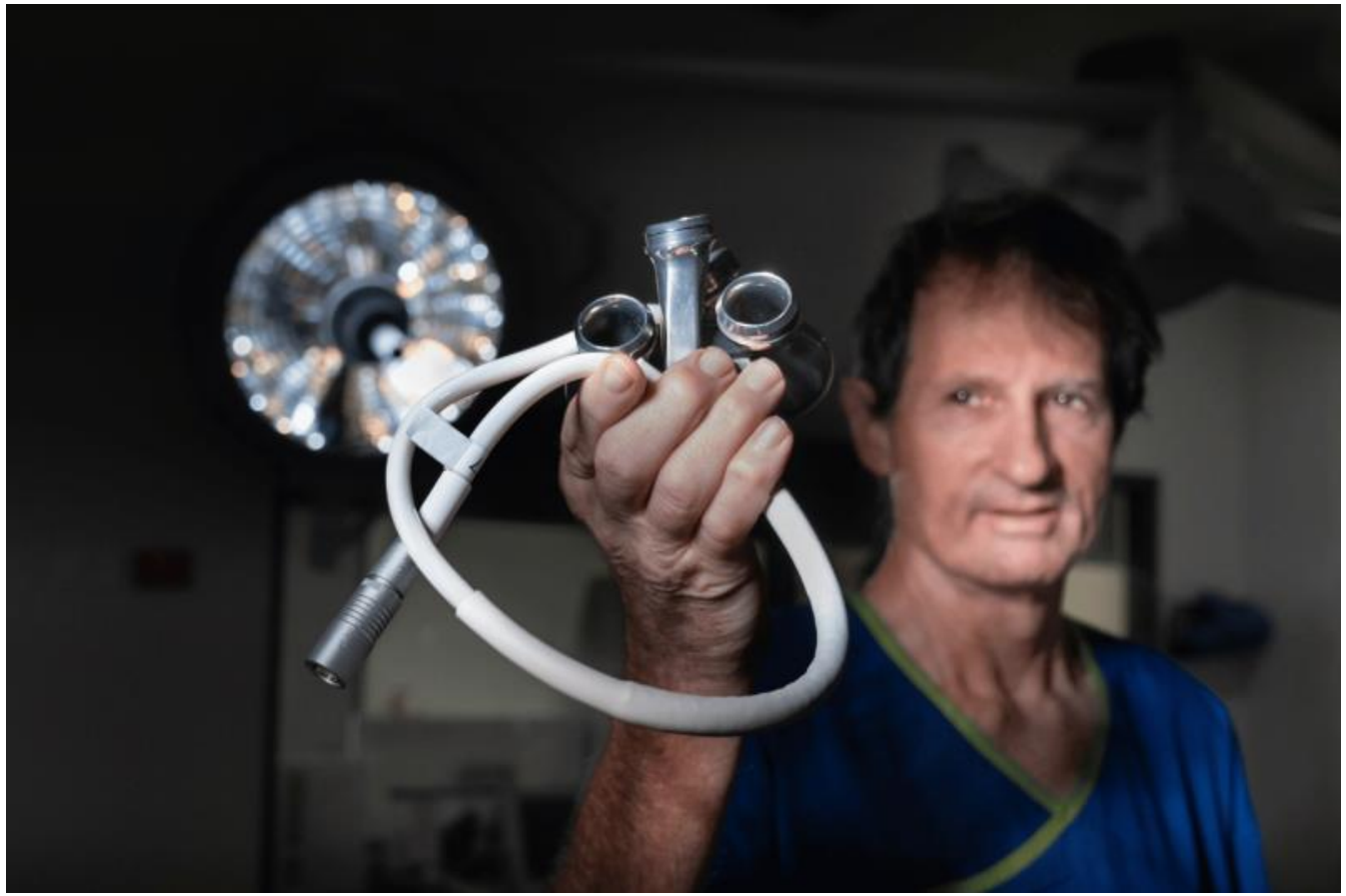
Neurosurgeon Jordan Jones operating on Nic Gligorovski in the car park of a McDonald's near Calder motorsport park.

Nic Gligorovski with Lauren and their baby, Mason. PAUL JEFFERS

Surgeon who treated Premier Daniel Andrews hits out at state government

The doctor who helped salvage Daniel Andrews' spine has taken aim at the dire state of hospitals under the Premier's watch.

Holly Hales



Alfred Hospital Service structure (2016)

- From 2007, The Alfred hospital bariatric service aimed to increase annual workload *to* ***300*** *cases* from a baseline of 50 bariatric cases
- Dedicated bariatric assessment and follow up clinic (weekly) and additional operating time
- All care was delivered under a conventional public health system model
- Medical follow up – band adjustments. Minimal allied health or nurse coordinator.
- Study was prospectively conducted with data derived at annual follow up

Outcomes of high-volume bariatric surgery in the public system

Paul Burton,*† Wendy Brown,*† Richard Chen,* Kalai Shaw,* Andrew Packiyanathan,* Ingra Bringmann,* Andrew Smith* and Peter Nottle*

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Eight out of 10 patients happy with weight loss surgery, says study http://www.smh.com.au/national/health/eight-out-of-10-patients-happ...

AUGUST 16 2016 SAVE PRINT REPRINTS & PERMISSIONS

Eight out of 10 patients happy with weight loss surgery, says study

Julia Medew

SHARE TWEET MORE 15 SHARES

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Free Lap Band Surgery

By ninemsn staff | Air date: Wednesday, August 24, 2016 Print this page

Lap band surgery can cost up to $20,000.

But at this hospital, it's completely free and changing the lives of overweight Australians.

You can find more information and eligibility criteria on the Alfred Health website.

Well worth the weight

Obesity surgery tackling scourge

EVONNE MADDEN
MEDICAL REPORTER

WEIGHT loss surgery is curing obesity — and could strip fat from the public health system — a new study has found.

The Alfred hospital has reviewed almost 1500 bariatric operations performed over six years, on patients weighing an average of 139kg.

Surgeons hope the outstanding success rates, with 30kg the typical loss, will bust the myth of obesity being a "self-inflicted" illness.

And they say that expanding the service in public hospitals could be a "smart use of public funds" because it would help prevent weight-related illnesses such as diabetes.

The study, published in the *ANZ Journal of Surgery*, found "excellent outcomes" that included 90 per cent of patients committing to diet and exercise changes.

Gastrointestinal surgeon and co-author Paul Burton said there were many misconceptions about obese patients.

"There's a perception that obesity is self-inflicted and (the result of) weakness of character," he said. "Obesity needs to be understood as a disease. It's completely rational to treat it as a medical problem. We need to educate the public and other health professionals."

Mr Burton said while obesity was associated with lower socio-economic status, it was "genetically programmed".

The vast majority of bariatric surgery performed in Australia is in private hospitals. Mr Burton said this study illustrated that it was also "viable" in the health system.

Valma Hickman, 55, and daughter Rebecca Panakos, 28, both had gastric sleeve surgery and lost a combined 80kg.

Valma Hickman, 55, and daughter Rebecca Panakos, 28, are among those whose lives have been transformed gastric sleeve surgery, which involves removing part of the stomach.

Mrs Hickman, who dropped from 129kg to 85kg, now walks up to 20km a day and aims to start jogging soon.

Ms Panakos, who celebrated her birthday yesterday, went from 87kg to 47kg and clocks up 15km a day.

"It's really been life-changing," Mrs Hickman said.

"Our mindsets have really changed and we feel fantastic."

evonne.madden@news.com.au

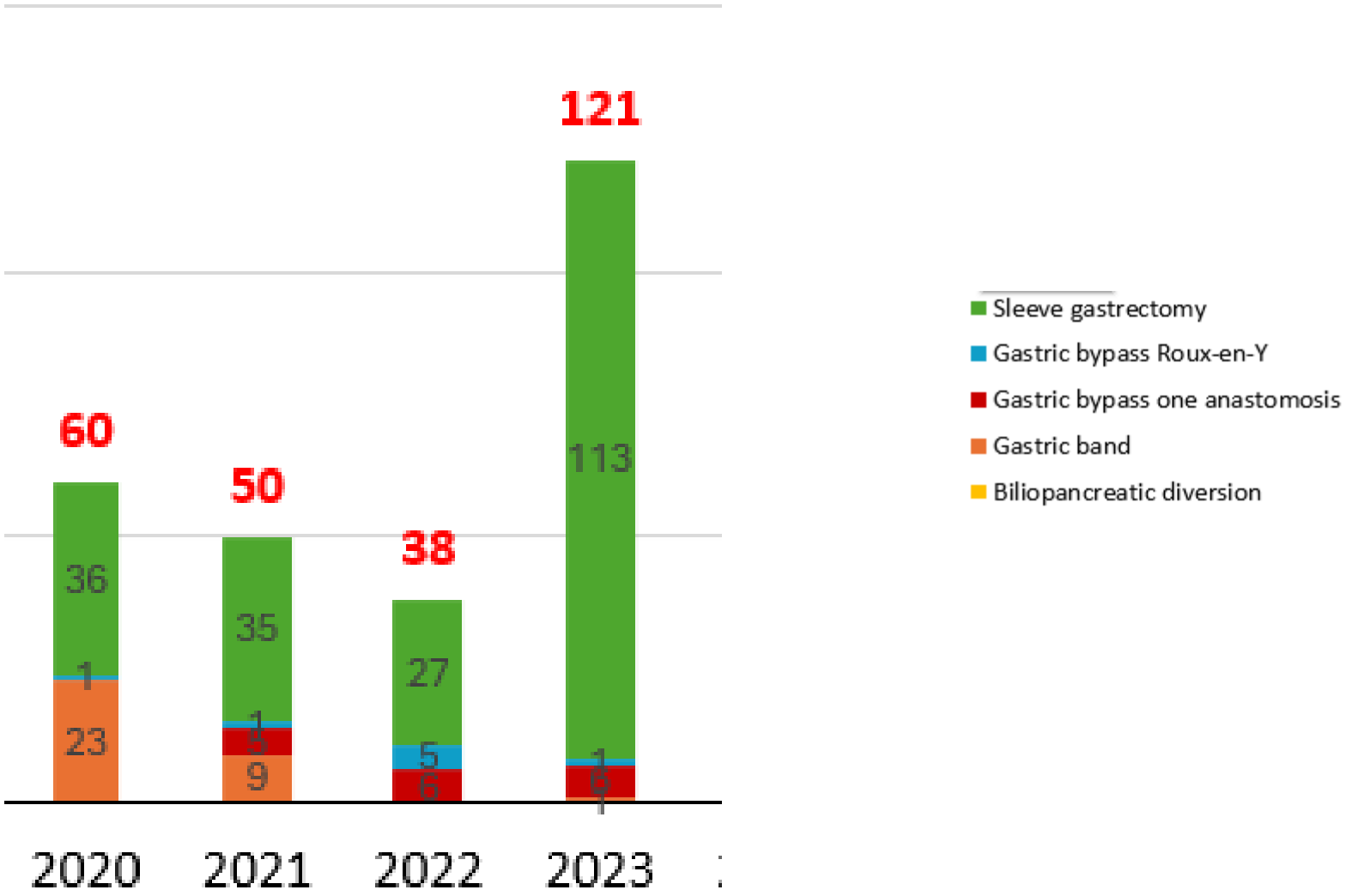
Bariatric service current

- Within a dedicated oesophago-gastric surgical Unit
- 4 VMO surgeons (3 also do AGSU)
- 1 full time surgeon (combined Unit director/program director/University)
- 1 of 5 general surgery Units

- 6 operating lists week
- AANZGOSA fellow
- Dietitian inpatient/outpatient
- Bariatric nurse co-Ordinator
- 2 clinics per week (dedicated)
- Patient preparation and education program and App
- Data manager
- No protected operating time
- Endoscopy ½ day per week
- Imperative to do off site operating

2008 – current Case load	
	Total
Gastric band	2434
Sleeve gastrectomy	624
Gastric bypass Roux-en-Y	78
Gastric bypass one anastomosis	25
Biliopancreatic diversion - duodenal switch	39
Gastrectomy	25
Port/tubing	431
Total	3656

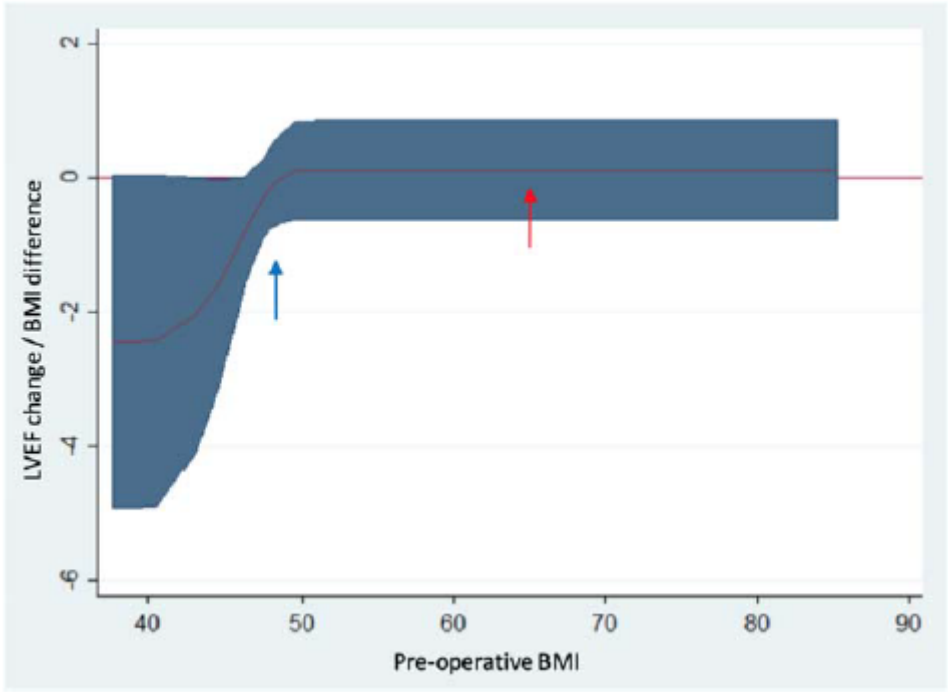
Impact of COVID on Bariatric cases



Positive and collaborative research

Bariatric Surgery in Patients with Severe Heart Failure

Tze Wei Wilson Yang[1,2] · Yazmin Johari[1,2] · Paul R Burton[1,2] · Arul Earnest[3] · Kalai Shaw[1,2] · James L Hare[4] · Wendy A Brown[1,2]



Potential positive effects of bariatric surgery on healthcare resource utilisation

Chiara Chadwick,*† Paul R. Burton,*† Julie Playfair,* Kalai Shaw,*† John Wentworth,*‡§ Danny Liew,¶ Daniel Fineberg,‖ Andrew Way¶** and Wendy A. Brown*†

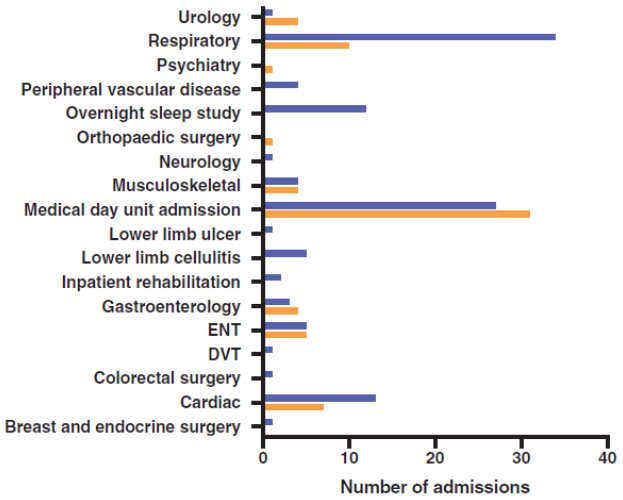


Fig. 2. Inpatient admission diagnoses: non-bariatric surgery related. (■), Pre-operative; (■), post-operative.

Research optimising negative elements of bariatric surgery

Analysis of bariatric surgical complications requiring interhospital transfers using a modified Victorian Audit of Surgical Mortality framework

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†Department of Surgery, Central Clinical School, Monash University, Melbourne, Victoria, Australia and
‡Department of Surgery, Deakin University, Geelong, Victoria, Australia

A 4-tier Protocolized Radiological Classification System for Leaks Following Sleeve Gastrectomy

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Eldho Paul, BSc, MSc (Biostats), PhD,‡ Richard Chen, MD, FRACS,† Damien Loh, MBBS, FRACS,†
Andrew Packiyanathan, MBBS, FRACS,† Paul Burton, PhD, MBBS, FRACS,*† Peter Nottle, MBBS, FRACS,†
Samantha Ellis, MBBS, FRANZCR,§ and Wendy Brown, PhD, MBBS, FRACS, FACS*†*

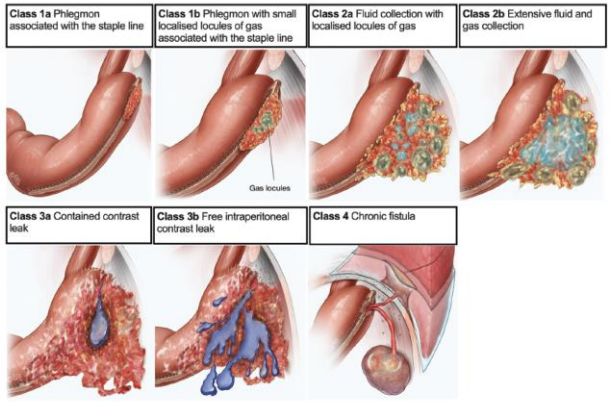


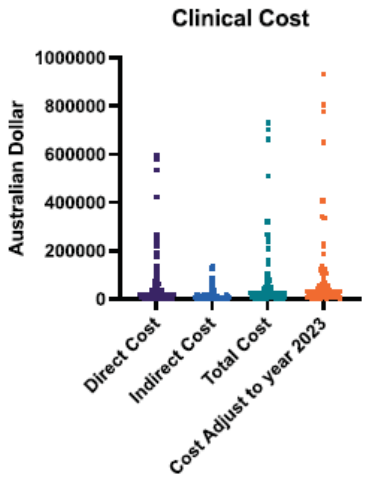
FIGURE 1. Schematic representation of the proposed classification of sleeve gastrectomy leak.

TABLE 2. Characteristics of Patients in the Training and Validation Groups

	Training (n=30)	Validation (n=29)	*P* Value
Demographic details			
Age (years)	42.5±10.8	38.9±10.0	0.187 *
Female sex, n (%)	19 (65.5)	24 (80.0)	0.211 †
Diabetes mellitus, n (%)	4 (13.8)	6 (20.7)	0.487†
Preoperative weight (kg)	127.4±31.3	141.0±47.9	0.203*
Preoperative BMI (kg/m^2)	46.5±9.5	48.1±13.8	0.624*
Revisional operations, n (%)	9 (31.0)	15 (50.0)	0.138†
Outcome measures			
Length of stay, days	60.9±54.2	43.6±34.6	0.181§
Need for salvage resection, n (%)	5 (17.2)	3 (10.0)	0.472 ‡
Complication severity (Clavien–Dindo classification)			
Grade I	0	0	0.752 §
Grade II	9 (31.0)	7 (23.3)	
Grade IIIa	4 (13.8)	4 (13.3)	
Grade IIIb	7 (24.3)	15 (50.0)	
Grade IVa	6 (20.7)	4 (13.3)	
Grade IVb	3 (10.3)	0	
Grade V	0	0	
Proposed classification of sleeve leaks			
Class 1	4 (13.8)	3 (10.0)	0.292 §
Class 2	11 (37.9)	10 (33.3)	
Class 3	12 (41.4)	14 (46.7)	
Class 4	2 (6.9)	3 (10.0)	

*Student *t* test.
†Pearson chi-squared test.
‡Fisher exact test.
§Mann–Whitney *U* test.

Financial Cost (Australian dollar)	Non-adjusted	Adjusted to 2023*
Total cost incurred over 8 years	6,308,812	7,967,964
Minimum per patient	1,762	2,603
Maximum per patient	731,231	933,257
Median cost per patient	23,930	31,785
Mean cost per patient	87,622	110,666



Bariatric surgery post fellowship training program

- 2 training pathways AANZGOSA and ANZMOSS
- AANZGOSA positions do have significant bariatric surgery (in public hospitals) exposure, but were originally intended for those waiting to do oesophageal surgery
- Need for a plan or integration – parallel training programs seems unnecessary
- Could be better structured and could be much better represent the specialty to hospitals as a specialist training program

Evolution over time

1. Severe intrinsic discrimination against bariatric surgery in the past appears to have substantially abated

2. Bariatric surgery no longer device or equipment centric - every hospital has staplers and laparoscopic equipment

3. Specialist bariatric surgeons desiring public practice compared to 2010

4. Generational change in physicians and general practitioners

Future challenges

1. Medical management of obesity in the public system
2. Expectation of perfect outcomes (zero mortality)
3. Utilisation of existing resources (competing demands within Unit and hospital)
4. Outsourcing public operating in the private system
5. Centralised Units doing more cases versus incorporation into most Upper GI Units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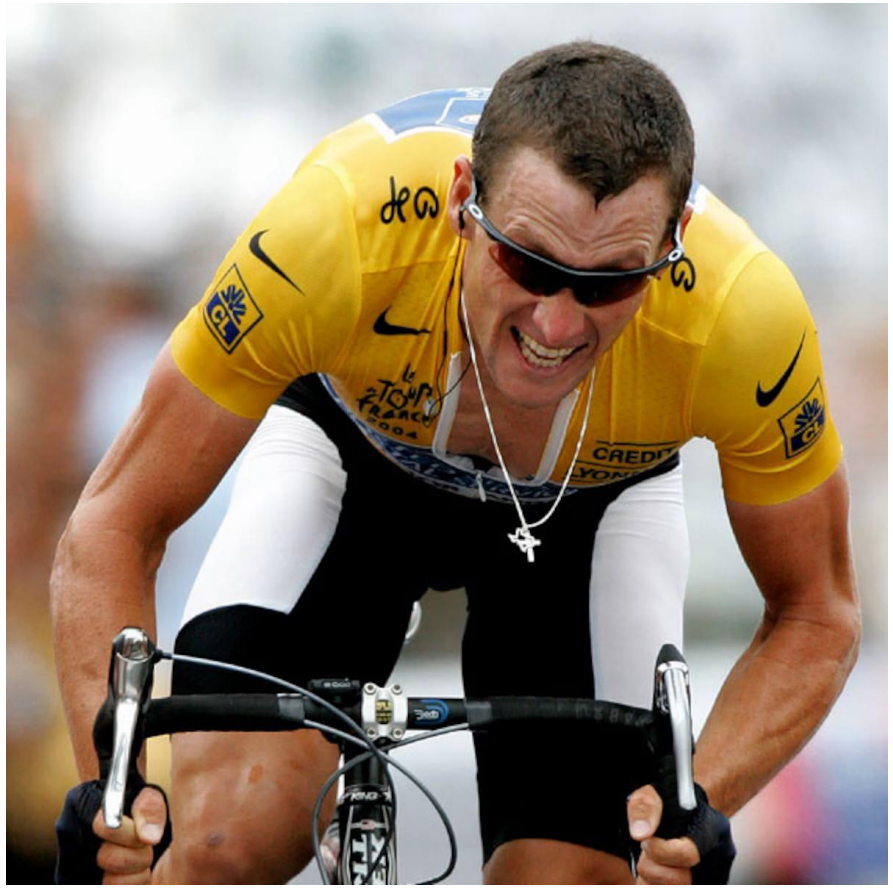
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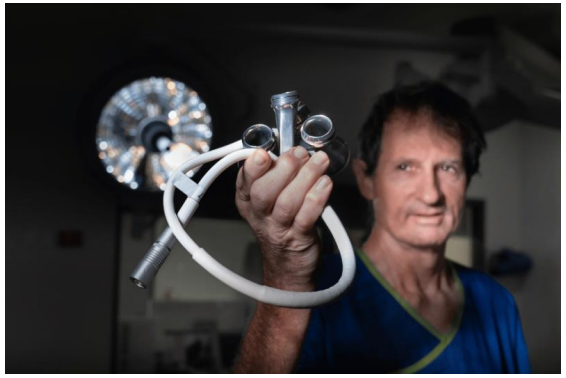

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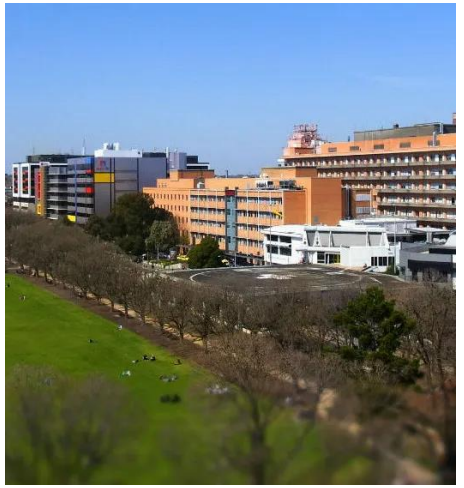

Key messages

- Remain hopeful and work within rather than change the system, a lot is already present
- Work on several fronts – opportunistic, lateral thinking – optimistic that does offer a pathway forward
- Our small significance to the broader health care landscape is probably a strength - Can’t compete with cardiac services or other areas
- Being overly prescriptive is potentially a problem if there are not likely to be resources readily available
- Complimentary activities are potentially helpful - Data collection, research, advocacy, health economics, promotion and media exposure, being transparent with regards to outcomes, structuring training