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V.D. Gen Surgery, MAR 2007

Validus:
strong / mighty / powerful / healthy
robust / able

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Appendicitis *(continued)*

If the appendix ruptures, the pain may lessen briefly and you may feel better. However, once peritonitis sets in, the pain worsens and you become sicker.

Abdominal pain may be worse when walking or coughing. You may prefer to lie still because sudden movement causes pain.

Later symptoms include:

Fever / Loss of appetite / Nausea / Vomiting / Constipation
Diarrhea / Chills and shaking

Signs and tests

With appendicitis, pain increases when the abdomen is gently pressed and then the pressure is suddenly released.

If peritonitis is present, touching the abdomen may cause a spasm of the abdominal muscles. A rectal examination may identify abdominal or pelvic pain on the right side of your body.

Doctors can usually diagnose appendicitis by your description of the symptoms, the physical exam, and laboratory tests alone. In some cases, additional tests may be needed.

These may include:

Abdominal ultrasound / Abdominal CT scan / Diagnostic laparoscopy.

Treatment

For uncomplicated cases, a surgical procedure called an appendectomy is performed to remove the appendix soon after the diagnosis. An appendectomy can be done as an "open" procedure, where fairly large surgical cuts are made in your abdomen. The surgery can also be done as a laparoscopic procedure, which uses a camera and small incisions.

If the operation reveals that the appendix is normal, the surgeon will remove the appendix and explore the rest of the abdomen for other causes of your pain.

If a CT scan reveals an abscess from a ruptured appendix, the patient may be treated and the appendix removed later, after the infection and inflammation have gone away.

Expectations (prognosis)

If your appendix is treated before it ruptures, you will probably recover rapidly from surgery. If your appendix ruptures before surgery, you will probably recover more slowly, and are more likely to develop an abscess.

Complications

Peritonitis / Abscess / Fistulas / Wound infection.

Specialist profile

Dr Jeffrey Mark Hamdorf

Associate Professor, Surgery

Dr Jeffrey Hamdorf qualified with a medical degree (MBBS) from the University of Western Australia, (UWA), in 1985, FRACS, Part 1 (1987), Part 2 (1993), Doctor of Philosophy (Surgery) 1998, "Development and validation of a technique for recording colonic motility". In 1987 he was awarded 1st prize in Royal Australasian College of Surgeons (W.A. Branch) Registrars Scientific Papers Day. In 1988 he was awarded James and Sith Annie Chesters Scholarship for Medical Research.

He has a current registration with the Medical Board of Western Australia, and has professional associations with the Royal Australasian College of Surgeons, Gastroenterological Society of Australia, Section of Alimentary Tract Surgery (Gastroenterological Society of Australia), General Surgeons of Australia (GSA), International Society for Diseases of the Esophagus, Association for Surgical Education, Australian Society for Medical Research, Australian Medical Association, Clinical Association Sir Charles Gairdner Hospital and the Sir Hector Stewart Surgical Club.

He is a General Surgeon at St John of God Subiaco and Sir Charles Gairdner Hospital. Throughout his career he has maintained heavily involvement with training and is or has been a facilitator/director Western Region Rural Trauma Course, Early Management of Severe Trauma/Advanced Trauma Life Support, Teaching on the Run, Laparoscopic Adjustable Gastric Banding Preceptorships, Clinical Teaching and Education Centre, Clinical Director, Hill Surgical Workshop and Clinical Director, Education Research Unit.

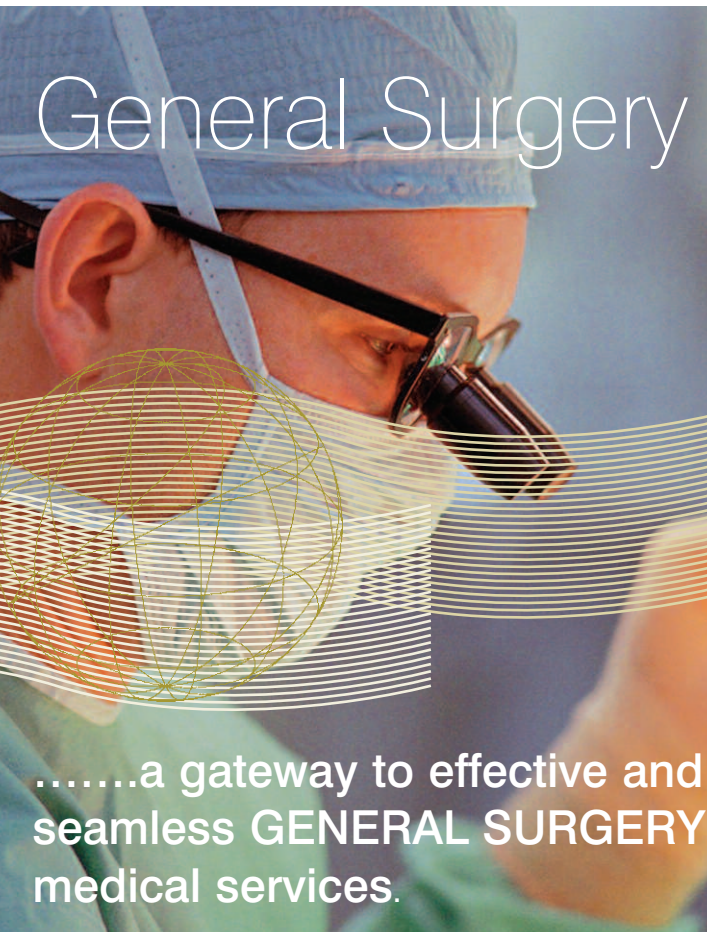
His special interests are in upper GI surgery, pancreato-biliary and oesophago-gastric laparoscopy, diagnostic and therapeutic laparoscopic anti reflux surgery and general surgery.

He has many contemporary research and training interests nationally and internationally. He has delivered 24 presentations from 1987-2002 and published 17 articles from 1988-2004.

His representative committees include Royal Australasian College of Surgeons; Faculty of Medicine and Dentistry, The University of Western Australia; School of Surgery and Pathology, The University of Western Australia.

Validus

Validus International Health Services Management



About Validus

Validus coordinates and provides a wide range of personalised services to international patients and healthcare professionals seeking priority access to world-class healthcare systems and facilities in Perth, Western Australia.

We understand patients' and healthcare professionals' requirements and provide a gateway to effective and seamless medical and administrative solutions.

General Surgery



Validus provides a gateway to a wide range of general surgery procedures carried out by a highly qualified surgeon at Mount Hospital.

The procedures performed are as follows:

Umbilical Hernia

Definition

An umbilical hernia is a protrusion (outward bulging) of the abdominal lining, or a portion of abdominal organ(s), through the area around the navel (belly-button).

Causes, incidence, and risk factors

An umbilical hernia in an infant is caused by the incomplete closure of the umbilical ring (muscle), through which the umbilical blood vessels passed to provide nourishment to the developing fetus.

The hernia generally appears as a soft swelling beneath the skin that often protrudes when the infant is upright, crying, or straining. Depending on the severity of the hernia, the area of the defect can vary in size, from less than 1 to more than 5 centimeters in diameter.

Small (less than 1 cm) hernias usually close spontaneously without treatment by age 3 to 4 years. Those that do not close may require surgery. Umbilical hernias are usually painless.

Umbilical hernias are common in infants. The exact incidence is unknown, but may be as high as 1 in 6 infants.

Umbilical hernias occur slightly more frequently in infants of African American descent. The vast majority of umbilical hernias are not related to any disease condition. However, umbilical hernias can be associated with rare diseases, such as mucopolysaccharide storage diseases, Beckwith-Wiedemann syndrome, Down syndrome, and others.

Symptoms

A soft protrusion over the umbilicus which may be flat when an infant is on his back and quiet, but protrudes when upright, crying, or straining.

Signs and tests

A physical examination reveals the hernia.

Treatment

Usually, no treatment is required unless the defect persists past the age of 3 to 4 years. In extremely rare cases, bowel or other tissue can

protrude and become strangulated (lack of blood flow to a section of bowel). This is an emergency requiring surgery.

Expectations (prognosis)

Most umbilical hernias resolve without treatment by 3 to 4 years of age. Those that persist are usually successfully treated by surgery.

Complications

Strangulation of bowel tissue is serious, and requires immediate surgery (rare).

Hernia

Definition

A hernia occurs when part of an organ (usually the intestines) protrudes through a weak point or tear in the thin muscular wall that holds the abdominal organs in place.

There are several types of hernias, based on where it occurs:

- **Inguinal hernia** appears as a bulge in the groin or scrotum. This type is more common in men than women.
- **Femoral hernia** appears as a bulge in the upper thigh. This type is more common in women than in men.
- **Incisional hernia** can occur through a scar if you had abdominal surgery.
- **Umbilical hernia** a bulge around the belly button. Happens if the muscle around the navel doesn't close completely.

Causes, incidence, and risk factors

Usually, there is no obvious cause of a hernia, although they are sometimes associated with heavy lifting.

Hernias can be seen in infants and children. This can happen when the lining around the abdominal organs does not close properly before birth. About 5 out of 100 children have inguinal hernias (more boys than girls). Some may not have symptoms until adulthood.

If you have any of the following, you are more likely to develop a hernia:

Family history of hernias / Cystic fibrosis / Undescended testicles
Extra weight / Chronic cough / Chronic constipation, straining to have bowel movements / Enlarged prostate, straining to urinate.

Symptoms

- Groin discomfort or groin pain aggravated by bending or lifting

- A tender groin lump or scrotum lump

- A non-tender bulge or lump in children

Signs and tests

A doctor can confirm the presence of a hernia during a physical exam. The mass may increase in size when coughing, bending, lifting, or straining. The hernia (bulge) may not be obvious in infants and children, except when the child is crying or coughing.

Treatment

Most hernias can be pushed back into the abdominal cavity. However, if it cannot be pushed back through the abdominal wall, this can lead to a strangulated loop of intestine. If left untreated, this portion of the intestine dies because of loss of blood supply.

Almost all hernias require surgery, preferably before complications occur, to reposition the herniated loop of intestine and secure the weakened muscles in the abdomen.

Hernia repair is performed as an outpatient procedure using local or general anaesthesia. First, through an incision, the segment of bowel



Australia is ranked second by the World Health Organisation in terms of healthy life expectancy. This highlights the quality of healthcare available, resulting from education, research and infrastructure.

is placed back into the abdominal cavity. Next, the muscle and fascia are stitched closed to repair the hernia. A piece of plastic mesh is often used to reinforce the defect in the abdominal wall.

You will return from surgery with a large dressing over the surgical site. This dressing will remain in place for a day or two. Occasionally a corset or support may be used after surgery to support weak muscles during recovery.

Potential complications of this procedure include infection and abscess formation. Medications may be prescribed to manage the pain associated with surgical repair.

Expectations (prognosis)

The outcome is usually good with treatment. Recurrence is rare (1-3%).

Complications

An incarcerated hernia can lead to a strangulated intestine, which can result in gangrene, a life-threatening condition requiring emergency surgery.

Total Mastectomy

A mastectomy is a type of surgical treatment for breast cancer. Mastectomy means removal of the whole breast.

Mastectomy is often used when a breast tumour is too large to allow removal with preservation of the surrounding breast tissue (known as Breast Conserving Surgery). Some women choose mastectomy over breast conserving surgery to avoid the need for radiotherapy.

There are several different types of mastectomy:

- **Total mastectomy** this is commonly performed in Australia for treatment of breast cancer. It involves complete removal of all breast tissue, along with the overlying skin and nipple. The underlying pectoral (chest) muscles are left in place. Axillary dissection is commonly performed with total mastectomy
- **Skin sparing and nipple preserving mastectomy** with immediate reconstruction: this newer technique, where the nipple and skin of the breast are preserved, and the breast reconstructed, may be appropriate for treatment of some cases of early breast cancer.

Radiotherapy is not usually required after mastectomy. It may sometimes be recommended in women who are at high risk of the cancer returning in the chest wall.

Excision of Malignant Tumour

- Cancer Surgery (surgical oncology) aims to remove the tumour with clear margins. Margin means a border of healthy tissue with no cancer cells that are taken away from all around the tumour. The margins may be large or small depending on the type and invasion of the tumour. The specimens taken will be examined under the microscope to ensure that no cancerous cells are present, thereby achieving a clear margin. This is important to minimise the risk of tumour cells being left behind.

- Some of the lymph nodes close to the tumour may also be removed during the surgery (called lymph node dissection). Lymph node is a common site where cancer cells spread to. Under the microscope, if cancer cells are seen in the lymph node tissue, there may be increased risk of the cancer coming back in the future, and the patient may be recommended to undergo adjuvant therapy (chemotherapy, radiotherapy, hormonal therapy following surgery).

Special surgical techniques that may also be applied during surgery include:

- Electrocoagulation (using high-frequency electrical current).
- Cryosurgery (the use of a liquid nitrogen spray or a very cold probe to freeze and kill abnormal cells).

Hookwire A wire placed in the breast by a radiologist to guide the surgeon to an area which cannot be felt.

Lesion A definite abnormality either seen on mammography or ultrasound. It may or may not be felt.

Malignant A growth of cells which have the ability to invade and destroy body tissues. The opposite of benign.

Lymph nodes A bean-shaped structures scattered along vessels of the lymphatic system. The nodes act as filters, trapping bacteria or cancer cells that may have entered the lymph system. The number of lymph nodes vary from patient to patient.

Appendicitis

Definition

Appendicitis is when your appendix becomes blocked and inflamed. The appendix is a small pouch attached to your large intestine, whose function is not well known.

Causes, incidence, and risk factors

Appendicitis is one of the most common causes of emergency abdominal surgery in the United States. Appendicitis usually occurs when the appendix becomes blocked by feces, a foreign object, or rarely, a tumour.

Symptoms

The symptoms of appendicitis vary. It can be hard to diagnose appendicitis in young children, the elderly, and women of childbearing age.

Typically, the first symptom is pain around your navel. (see abdominal pain.) The pain initially may be vague, but becomes increasingly sharp and severe. You may have reduced appetite, nausea, vomiting, and a low-grade fever.

As the inflammation in the appendix increases, the pain tends to move into your right lower abdomen and focuses directly above the appendix at a place called "McBurney's point."