GP UPDATE

Dr John Jorgensen

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Dr John Jorgensen is one of Sydney's most experienced Upper GI and bariatric surgeons and is Head of Department at St George Private, Australia's highest volume bariatric hospital and Australia's first internationally accredited Centre of Excellence for Bariatric Surgery.

Dr Jorgensen performs the full spectrum of Upper GI procedures including bariatric sleeve surgery, laparoscopic reflux and cholecystectomy surgery through to complex cancer surgeries, hernia surgery and surgery for failed weight loss.

Dr John Jorgensen consults in his Kogarah rooms Tuesday 9am-5pm and alternate Thursday/ Fridays from 9am to 12.30pm. Free weight loss information seminars are held one Saturday per month. To book email reception@drjohnjorgensen.com.au

CONDITIONS & PROCEDURES

- ☑ Achalasia
- ☑ Bariatric Sleeve Surgery
- ☑ Bypass Surgery
- ☑ Cancer (Upper GI, pancreas)
- ☑ Diabetes Surgery
- ☑ Duodenal Ulcers
- ☑ Dysphagia
- ☑ Free Patient Ed Nights
- ☑ Failed Weight Loss Surgery
- ☑ Gallstone Surgery
- ☑ Gastric Band
- ☑ Gastroscopy
- ☑ GERD
- ☑ Heartburn
- ☑ Hernia Repair
- ☑ Hiatus Hernia
- ☑ Obesity Management
- ☑ Pancreatitis
- ☑ Reflux Surgery

Sleeve Surgery Resolves Diabetes – New WHO guidelines

The World Health Organisation and 45 other health organisations have recently deemed bariatric surgery as the new "standard treatment" for morbidly obese people with diabetes; and an integral part of the obesity/diabetes treatment algorithm.

Patients who are candidates for referral include patients with diabetes who have a BMI of 30 or above. Bariatric surgery puts diabetes into remission in the majority of patients and most will leave hospital without medications or be off them in weeks or months.

Other GP considerations for referral are waist measurement of 80cm for women and 88cm for men, plus co-morbidities such as hypertension, dyspnoea, high cholesterol, sleep apnoea, asthma, depression and arthritis.

Gallbladder Polyps – watch and wait or operate?

The latest protocol for gallbladder polyps is as follows:

- Polyps under 10mm should be watched and re-evaluated with serial ultrasounds in six months. However smaller polyps that lead to cancer are extremely rare.
- Polyps that are greater than 10mm should be referred for cholecystectomy as these are more likely to contain cancerous cells.

Diet as good as PPIs for reflux

New research on 184 patients with laryngopharyngeal reflux found those treated with a plant-based Mediterranean Diet had as effective reduction in symptoms than those treated with PPIs, according to a recent study in JAMA Otolaryngology Head and Neck Surgery.

The diet included fruits, vegetables in addition to drinking alkaline water and avoiding, coffee, tea, chocolate, soda, greasy foods, spicy foods and alcohol.

GP conundrum: hiatus hernia or cardiac dysfunction?

It's estimated up to 1 in 10 patients with hiatus hernia AND angina, have their cardiac symptoms misdiagnosed as hiatus hernia.

On the other hand, although large hiatal hernias are infrequent, they can lead to atypical symptoms such as chest pain and dyspnoea and rare complications such as pulmonary edema and cardiac failure due to the compression to heart and pulmonary veins by organs protruded into thorax cavity.

Hiatal Hernial symptoms can include hiccups, belching, heartburn, difficulty swallowing, indigestion, GERD, early satiety, upper abdominal pain and coughing. If there is a low cardiac output state due to compression from the hernia, other symptoms can include tiredness, absent-mindedness and shortness of breath.

Any patients with these co-existing conditions (hernia and angina) require cardiac investigation and gastrointestinal assessment.


WEEKEND FREE PATIENT SEMINARS

URGENT GP REFERRALS

PSYCH WEIGHT SUPPORT


HERNIA KEY OPINION LEADER


AUSTRALIAN CENTRE OF EXCELLENCE

Rooms Suite 19, Level 5, St George Private Hospital
1 South Street Kogarah, NSW, 2217

All bookings CALL (02) 95537288