

## Chapter 1

# Department of Nursing Report

The year 2000 saw developments within the Nursing Department amid difficult circumstances that were caused by the shortage of nurses. Support and encouragement for nurses from their own colleagues and from Medical, Allied Health Professionals, General Management and other disciplines in the hospital helped in attaining many achievements.

The nursing staff associated with the successful pilot accreditation programme for the Intensive Care Unit were - Raphael McMullin and Geraldine Carey, together with colleagues in that area, they are to be commended for their standard of work.

The completion of the Bed Allocation Plan to establish home bases was successfully assisted by the contribution of planning time and co-operation of senior nursing staff. Towards the latter part of the year the plan for the relocation of St. Anne's, St. Claire's, St. Monica's and St. Vincent's wards was completed.

Social events in December 1999 and September 2000 marked the pending closure of the Nurses Home. The vacating operation entailed identifying alternative accommodation for nursing staff and relocation of offices and subsequent movement.

The elected Nursing Council had an inaugural meeting in April. The principal remit of this committee is to improve communication.

Other in-house initiatives have been training programmes for staff in particular:

1. Instructors course for Moving and Handling
2. Interview skills for Clinical Nurse Managers
3. Instructors course for CPR
4. One week orientation course for all new nursing staff members.

In-service education courses are on-going under the direction of Post-Registration Tutor, Loretto Browne. An Bord Altranais approved courses for Theatre, A/E, ICU and Anaesthetic Nursing had 30 qualifying nurses with a retention rate of 50% for St. Vincent's University Hospital. The Return-to-Nursing-Practice 6 week course for 15 participants welcomed 3 nurses on to the staff.



Clinical placements for the UCD Higher Diploma Courses in Critical Care and Oncology continued for the one and two year programmes. Curriculum development work with UCD for the introduction of additional Higher Diploma courses in Accident and Emergency, Peri-operative, Gastroenterology, Renal, Gerontology and Rheumatology nursing commenced in 2000.

### New Appointments:

Maureen Nolan	- CNM3 Out-of-Hours Nurse Manager
Catherine Duane	- CNM3 Jobsharing
Una Halligan	- CNM2 St. Paul's Ward
Bernie Maher	- CNM2 Clinical Placement Co-ordinator for student nurses
Kathy Flynn	- CNM2 PACU
Johanna Gillane	- CNM1 St. Michael's Ward
Gillian Field	- CNM1 St. Laurence's Ward
Jane Nolan	- CNM1 Our Lady's Ward
Patricia Hogan	- CNM1 St. Paul's Ward
Grainne Sheeran	- CNM1 St. Raphael's Ward
Catherine Griffin	- Nurse Tutor

A report commissioned by a sub-committee set up by the ERHA to evaluate the Cancer Co-ordinator role is soon to be issued, the establishment of the four posts at St. Vincent's University Hospital has been most beneficial to patient care.

## Awards for Clinical achievements

Gold Badge	- Kay Murray
Mother Mary Aikenhead Medal	- Sheila Byrne
Mother Bernard Carew Medal	- Maria McEvoy
Nuala Deeney Brennan Prize	- Hannah McElligott
RCSI Bursary	- Nursing Practice Development
Cecil King Memorial Prize	- Raphael McMullin

## Department Statistics - Whole-time equivalent

	New Starters	Resignations	Maternity Leave
Registered Nurses	164.6	226.5	40
Ward Attendants	52	54	1
Ward Clerks	8.5	4.5	-
Ward Orderlies	1	1	-

	Parental Leave	Force Majore
Registered Nurses	4	0.2
Ward Attendants	-	0.02
Ward Clerks	-	-
Ward Orderlies	-	-

The first Overseas Recruitment Campaign to Australia and New Zealand welcomed 56 nurses to St. Vincent's University Hospital from that campaign. Denise Chappell arrived in December, the first of 30 nurses from the second campaign. This November/December campaign was extended to the Philippines, the first group of 40 nurses from there is scheduled to commence pre-registration clinical placement in Spring of 2001.

Pauline Doyle, personally, wishes to acknowledge and thank the Directors of Nursing, Nursing Practice Development Co-ordinators and the Chief Executive Officers of the DATHS group for the support and work that was shared in the compiling of the "Recruitment and Retention Report, 2000". This report initiated a working group on action plans to address the nursing shortage in the Dublin major hospitals. The Recruitment and Retention Report will be published early in 2001. The Chairperson for this study was Heather Kevelighan, Nurse Practice Development Co-ordinator at this hospital.

## Nursing Practice Development

### Staffing

The year saw some changes in staffing the NPD unit. Among the Clinical Placement Co-ordinators, Lorraine Weir resigned her position and was replaced by Aine Lynch. Mary McTague moved west to Castlebar and Monica Gallagher replaced her as CPC. Siobhan Stewart and Claire Grant were appointed to CNM2 positions in Practice Development.

## Service Development and Activities

The year 2000 was a busy year for the unit. Care planning development continued to play an important part in the overall work of the unit. A total of seventeen wards now use care plans and practice development continues to provide ongoing support for staff in the use of this documentation. Auditing of care plans began in December. The purpose of auditing is to engage staff in measuring the quality of their written communications. It also identifies the extent to which nursing care complies with professional and hospital standards.

The launch of the Discharge Co-ordination Guidelines proved a very successful and enjoyable event in May. The launch which was held on two separate days was attended by 212 staff. Our thanks to all those who contributed to the success of this venture.

Practice Development staff continue to participate and contribute to many committees in the hospital. Their enthusiasm and commitment to developing nursing practice, to better address patients' needs remain the primary driving force for the unit.

This enthusiasm and commitment was reflected in the academic achievements of our staff this year. Aine Lynch undertook a Bachelor of Nursing Studies Degree in Trinity College Dublin and was awarded a First Class Honours degree. Therese Carey undertook a Bachelor of Nursing Studies course in UCD and was a President's Award winner in Access Year and a Dean's List winner in Access and Degree years. Siobhan Stewart and Nicola Curran successfully undertook the Teaching and Assessing in Clinical Practice Module run in conjunction with UCD.

### Presentations

Heather Kevelighan presented a paper on *A comparative evaluation of two different types of nursing assignment*, at the First Annual Research Conference in Nursing and Midwifery Practice held in Trinity College Dublin in June.

## Future plans for the Department of Nursing

1. Implementing of the Action Plans from the DATHS Recruitment and Retention working groups.
2. Introduction of a Nursing Management Structure.
3. Support and career development for staff at ward/unit level.
4. Partnership commitment for the introduction of the Degree Programme for undergraduate nurses in 2002.
5. The continuance of preparation for patient centred outcomes from the redevelopment programme which is due to commence in the coming months.

Ms Pauline Doyle  
Director of Nursing

## Chapter 2

# Project Development Report

I am pleased to report that the St. Vincent's University Hospitals Development programme has progressed well in the year 2000. The hospital is now at the stage where it is awaiting permission to issue contracts to the main building contractors. The total cost of the development will be £170m. It is worth noting the various stages of the project development:

<b>Stage 1:</b> Development Brief	completed
<b>Stage 2:</b> Development Control Plan	completed
<b>Stage 3:</b> Outline Design Stage	completed
<b>Stage 4:</b> Detailed Design	completed
<b>Stage 5:</b> Tender & Contract	completed
<b>Stage 6:</b> Construction (Main Contract)	start 01/05/2001
<b>Stage 7:</b> Commissioning process	started

### What is Phase I

- I.C.U. (18 beds)
- Accident & Emergency
- Ambulatory Day Care - Outpatient Department
  - Day care
  - 8 Theatres and 2 Day Theatres
  - Specialised Units
- Pathology
- Diagnostic Imaging (PACS)
- Psychiatric Unit (54 beds)
- Car Park
- Pharmacy
- Mortuary
- Catering
- Fire Safety (includes replacement of all hospital lifts, 7 in total)

### Priority Programme:

- Pharmacy
- Mortuary
- Car Park
- Fire Safety
- Psychiatry
- Catering



### Hand Over:

- \* Phase 1 - New Building Summer 2004
- \* Phase 1 - Refurbish December 2004

The hospital appointed Project Management Consultants, Cyril Sweett Boyd & Creed, who commenced work on the project in September 2000.

The hospital continues to make preparations for the main contractors to come on site. To date in excess of £10m has been spent on various enabling works, for example:

- \* Porto-cabin village - completed
- \* Aspergillus protection - Oncology Unit & Liver Unit
- \* St. Rita's Hostel (Fire Safety)
- \* New Infection Control Ward (26 bedded unit) - opening January 2001
- \* Temporary car-parks

It was unfortunate that the implosion of the Nurses Home had to be deferred for a number of reasons and it is planned for implosion the 21st January 2001. This will create the space required to develop the multi-story carpark and allow the main contractors compound to be developed.

I can report that a considerable amount of detailed work has gone into the planning of our development. It should be noted that the various people involved at medical, nursing and other levels have committed

themselves totally to the process and I want to thank them for their efforts. The key to the future success of our hospital's development will be the amount of time put into the planning and design of the new facilities. The hospital staff have, with the Design Team, spent a lot of time reviewing plans and I am confident that the time spent will pay off when our new facilities are commissioned and become operational over the next three years.

I am happy to report that the hospital has established an Equipping and Commissioning Team under the stewardship of Mr. Eamonn Fitzgerald, Deputy CEO, and their work is progressing well.

The key issue for the hospital at this current time in relation to its development programme is the authorisation from the Department of Health & Children and the Eastern Regional Health Authority to issue contracts to the contractors who were successful in their tendering process in November. While we await permission to issue contracts the hospital has to make use of the time to ensure its preparatory work is completed and that we take this opportunity of reviewing the various plans for the development.

I am confident that the hospital will have the main contractors on site by the middle of 2001 and the key challenge for us will be to maintain services at the current levels while building and developing our hospital. It is a big enough challenge to try and build a new hospital facility but to try and do this on site while still providing services will be a major feat in itself particularly when one considers the size of the development and the fact that our hospital site is already so congested.

A special thanks to Mr Frank Jackman, Chief Architectural Advisor to the Department of Health and Children. Mr Jackman retired from office at the end of October 2000. His support and commitment to the development of healthcare facilities is recognised throughout the system, locally and internationally. St Vincent's University Hospital is indebted to him for his work on the hospital's development. On behalf of the hospital staff I wish him a happy retirement and good health.

I would like to take this opportunity of thanking the members of the Design team (Scott Tallon Walker / YRM - Architects, J.V.Tierney & Co. - Mechanical & Electrical Engineers, ARUP - Civil & Structural Engineers and Bruce Shaw Partnership - Quantity Surveyors), and contractors (Dunwoody & Dobson, O'Hara Electrical, William Farrell Electrical, Mercury Engineering and McAvoy) who have helped us to date in our work and to all the staff involved in the project for their support, help and commitment.

Mr. Nicholas C. Jermyn  
Chairman Project Team

## Chapter 3

# Department of Anaesthesia, Intensive Care and Pain Medicine

The nursing shortages within St.Vincent's University Hospital continue to have a significant impact on the provision of services within the hospital campus. In spite of the reduced nursing numbers a total of 9,802 procedures were performed in the Theatre Complex. This represents an increase of 356 cases over 1999.

To facilitate a greater through put of elective surgery, Anaesthesia Services were provided in the former St. Michael's Private Hospital as a part of a Waiting List Initiative and a total of 245 procedures were carried out between August and December on this site. This also entailed the establishment of a pre-operative assessment clinic to streamline the management of patients and we are indebted to Dr. Conan McCaul for his commitment in this regard.

The past year saw a total of 40 Liver Transplants carried out within St.Vincent's University Hospital, an increase of 15 over 1999.

### Operating Theatre Statistics 2000

CATEGORY	TOTAL
Dental	22
Dermatology	119
E.N.T	338
General	2,825
G.U Endo	1,813
G.U Open	193
Gynaecology	358
Ophthalmology	324
Orthopaedic	1,736
Pain	437
Plastic	1,063
Thoracic	254
Vascular	320
Liver Transplants	40
Emergencies	2,082
<b>TOTALS</b>	<b>9,802</b>



### Academic Activity

Academically the Department of Anaesthesia had a busy year with a paper from this department being short listed for the prestigious Royal Academy of Medicine in Ireland Awards, the only paper from a Department of Anaesthesia to be so honoured. In addition, six papers were presented to meetings at both national and international level and three papers were published in peer-reviewed journals. Dr. Ferris and Dr. McKeating served as examiners in the Part One Fellowship Examinations. Dr. Benson and Dr. McShane served as examiners in the Part Three Fellowship Examination. Two peer-reviewed grants from the College of Anaesthetists were awarded to Dr. Conan McCaul for clinical research projects. The Abbott Gold Medal was awarded to Dr. Donal Harney.

### South East Dublin Department of Anaesthesia

Prior to 1991 Anaesthesia services were fragmented in the region. The South East Dublin Department of Anaesthesia was established to ensure that a consistently high standard was achieved in the delivery of anaesthetic services. The department has been greatly strengthened by recruitment at both consultant and non-consultant level.

### Appointments

Dr. Jacinta McGinley has been appointed to Our Lady's Hospital for Sick Children Crumlin / St. Luke's Hospital.

## Outpatients Services

	Number
Outpatient sessions	88
New patients seen	169
Patient return visits	2032

These sessions include the Tuesday morning outpatient clinic and the Wednesday afternoon St. Anthony's Rehabilitation Centre follow-up clinic.

## Theatre Activity

Procedure	Total
Spinal cord stimulator	40
Intrathecal pump placement	4
Intrathecal pump refill/review	26
Facet joint injection	37
Facet rhizotomy	26
Dorsal root ganglion block	2
Epidural	9
Trigger point injection	208
Topical application	22
Epidural blood patch	1
Miscellaneous	26
Total procedures	437

33 of these procedures - mainly spinal cord stimulators - were carried out after hours.

## Presentations and Teaching

A regular Thursday teaching meeting was initiated during the year. Guest speakers from allied specialties and members of the department gave lectures and presented complex pain management problems.

## Chapter 4

# Accident and Emergency Department

### Activity

In the year to December 2000 the department dealt with 34,100 new attendances, 3,500 review attendances and 6,030 dressing attendances. General Practitioners referred 31% of attending patients, 20% came by ambulance.

There were 9,168 hospital admissions (25 per day) representing 26.9% of new attendances. This high admission rate reflects on the acute nature of the patients presenting for care and the appropriateness of attendances. These admissions represent 30.3% of the total hospital admissions. There was a 7.7% increase in total hospital admissions compared to last year, 2.1% of this was from A&E. For discharged patients 21% were referred to their GPs, 23% were referred to OPD, 9% were reviewed in A&E and 47% were discharged without follow up.

Almost 60% of patients register outside normal hospital working hours, causing staffing pressures and putting a high demand on on-call laboratory and radiology services.

### Service Developments

"If you always do what you always did you will always get what you always got".

A minor injury unit operates from 10am to 10pm, this area is separately staffed. The structure of the St. Vincent's University Hospital minor injury unit has been recommended by the ERHA to other Accident & Emergency Departments. Approximately 38% of A&E attendances are seen in the minor area with an average time to disposal of 1.6 hours.

An A&E medical registrar has been appointed. This doctor has the right to admit patients directly to the ward, combined with the medical registrar on call for A&E admissions, the waiting time for A&E medical admissions has been significantly reduced. A similar policy for surgical admissions should be considered. Currently the average time to admission is 4.6 hours but the percentage admitted in less than 4 hours is only 47.5% against our audit target of 80%.



Radiology access and reporting has been identified as a significant risk area for appropriate management. Radiology guidelines have been in use for one year and have reduced investigations by 30%, this combined with a redesigned request card has allowed rapid turnaround in radiological reporting. The assignment of a radiology registrar on a rota basis to A&E will further improve the appropriateness of requests and reporting turnaround. The Radiology Department in St. Michael's Hospital has assigned dedicated ultrasound slots for A&E, this is well utilized and has been most beneficial.

The GP liaison nurse and ward clerk have been very busy. Over 9,500 GP letters were sent with patients to A&E, 4,700 GP letters have been sent out, 4,100 phone calls made to inform GPs of admissions, 500 GP's phoned with results and 135 GP's phoned informing them of deaths. In a recent satisfaction study 95% stated that the discharge letters were of value in their clinical practice. The liaison nurse will maintain close contacts with East Doc to establish areas of mutual interest.

Accurate triage continues to be the cornerstone of appropriate patient assessment and treatment. During the year staff nurses Maura McGinley, Mary Harkin, Ann Carrigan, Julie Conneely, Ina O'Doherty, Clare Hearn, Adrian Connor and Sinead O'Flanagan attended Manchester Triage study days. 57% of attendances are triage category 1 to 3, requiring rapid assessment. Further work is required to see all patients within the time required by their triage category.

### Educational

An A&E medical tutor is in place with responsibility for medical education for doctors, medical students, nurses and paramedics. This year formal medical student rotations through A&E were re-introduced and proved very successful.

The A&E Department has become involved in the UCD diploma course in Accident & Emergency Nursing and currently one of our nurses is participating on this course and it is planned that a number of nurses will start the new two-year course in September 2001.

Marianne Kelly was appointed as clinical facilitator. Her role is to facilitate learning in a practice setting and to orientate new staff. She will of course, be intimately involved with the practical aspects of the UCD diploma course.

The SHO posts have been upgraded and 5 of the posts are now involved in rotations, two with general medicine, two with general surgery and one in general practice.

### Courses Attended

Five of our nurses were very successful in the advanced trauma nursing course. Those participating were Marianne Kelly, Jacqueline Brennan, Elaine Tallon, Mary Wymer and Brenda Sheridan.

Two nurses, Sinead Reynolds and Ann Carrigan attended the ATLS observer course, and Elaine Tallon completed a five day advanced cardiac life support providers course with the Irish Heart Foundation. Bridget Bloomer completed the in-house ACLS course.

The plastering course in Cappagh Hospital was attended by Jacqueline Brennan and Mary Wymer. The wound management study day was attended by Kay Connelly and Eileen Thompson. Bridget Bloomer attended a Health Care study day, and Maura McGinley attended a Proficiency Assessment study day.

A six day assessment and teaching course was attended by Geraldine Kinnarney and Marianne Kelly.

### Future Developments

A new computer system, integrated with the Patient Administration System and incorporating order communications will be installed within the coming year. A pilot PACS study will begin in April 2001.

Plans for the new department have been finalized and we are looking forward to our more spacious surroundings.

Staff recruitment will continue throughout the coming year to try and reduce dependency on agency nursing.

Accident & Emergency Departments in the British Isles are undergoing a name change, expect to see Emergency Medicine Departments in the near future.

### Social & Personal

Congratulations to Carmel White and Barbara Nolan on their recent marriages, and to Kay Connelly on the birth of her son.

We extend our sympathy to staff for recent bereavements - Delia Carr, Geraldine Kinnarney, Joanne Farren, Patrick Treacy, Salah Bibars, Dr. Nazir Ibrahim and Dr. Ola.

### Acknowledgements

An Accident & Emergency Department cannot function without full co-operation from everyone in the Hospital. We would like to acknowledge the contribution of Nursing, Administration, Radiology, Medical, Secretarial, IT Department, Cleaning, Portering, CSSD, Maintenance, Purchasing, Pharmacy, Catering, Chaplaincy - all your help has greatly enhanced our patient care.

## Chapter 5

# Department of Cardiology

### Cardiovascular Medicine

I am happy to report progress in many areas during the year 2000. Amongst the most important developments were the sanctioning of funding for the re-equipment and refurbishment of the Coronary Care Unit. This was completed in January 2001 and has given the hospital a state of the art unit, which is aesthetically pleasing and functionally effective.

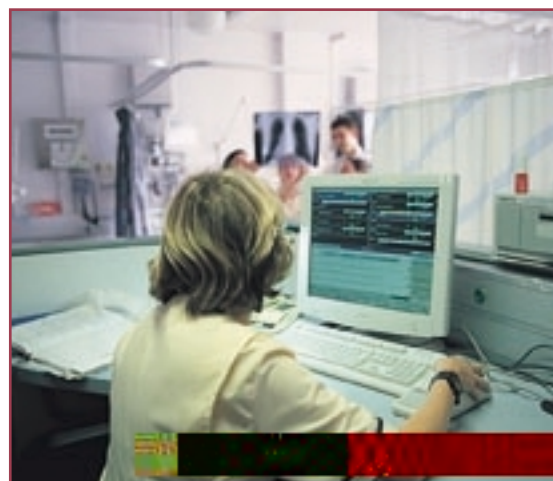
During the year special funding became available through the Eastern Regional Health Authority under the Governments Cardiovascular strategy. This allowed the appointment of additional staff to the rehabilitation service and the further development of the Heart Failure Service. Links with Preventative Cardiology and Medicine were maintained and these services were also expanded.

Initial analysis of the Heart Failure Service suggests that it is highly cost effective and reduces substantially the number of re-admissions of patients for chronic heart failure to hospital in the year following their initial assessment and treatment. Work from this programme has been presented nationally and internationally and has been extremely well received.

The non-invasive service continued to grow and it is hoped that with further funding from the Eastern Regional Health Authority open access to the non-invasive diagnostic services such as exercise testing and echocardiography can be provided for the General Practitioners of the area.

The Cardiovascular Investigative Laboratory is approaching saturation point. Over 1600 cases passed through during the year. Demand for this service continues to grow because of the increasing indications for intervention in coronary artery disease, for I.C.D. implantation and for Cardiac pacing. Provision for this expansion is needed as a matter of some urgency and will become more acute as the hospital is required to deliver the services proposed by the government under a cardiovascular strategy.

The Non-invasive Diagnostic Department (ECG etc) continues to work extremely effectively under very difficult physical conditions. Unfortunately it has not



proved possible to remedy the lack of space and the very difficult and crowded working conditions for the secretarial and technical staff during the year. Lack of office space also forces medical staff, including specialist registrars to work under unacceptable conditions and unless this is remedied in the near future it may lead to difficulties in recognition for specialist training.

Links with the Cardiothoracic Surgical Department and with our associated hospital at St. James's and the Mater were strengthened. Three surgeons, Mr. Toal, Mr. Luke, Mr. Tolan and Mr. McCarthy, attend the Cardiothoracic conference on a weekly basis.

Patients needing cardiac surgery can now be accommodated as the need arises although there is still a relatively small waiting list, which is being reduced rapidly.

Our sincere thanks are due to the surgeons and the associated hospitals for the extremely efficient service that we receive.

Shortages of nursing personnel remains a problem. This is particularly so at senior managerial and staff nurse level. The Department of Nursing has done its best over the year to maintain the service but morale amongst nurses has been extremely low from time to time due to the pressures under which they have to work and the use of temporary and agency staff. The departures of our two acting ward sisters, Anne Deasy and Nicola Daly had a serious effect on the running of the department

and difficulties in recruiting senior staff to replace them had a major impact on morale. However, with the opening of the refurbished Coronary Care Unit and the re-organising of the nursing services with the department and the appointment of a ward sister and additional senior staff this problem has been addressed.

Throughout all the problems the nursing care delivered by all staff within the department continued to be of the highest calibre and we are extremely grateful to those who managed to deliver such an excellent service under such difficult conditions.

Elective bed provision continued to be a major problem and the need for the provision of more limited duration beds is very obvious. Fortunately, most invasive cardiac investigations can now be carried out on a day-care or limited duration basis. The integration of services from St. Michael's and St. Columille's has placed a major additional strain on our bed capacity, but with the development of St. Michael's it is hoped that this problem may be at least partially resolved in the near future.

Research and Development continued throughout the year and a number of scientific papers appeared in the National and International Medical Press. Dr. Brian Maurer assumed the Presidency of the Irish Heart Foundation for a three-year term. Dr. Peter Quigley completed a very successful term of office as Secretary of the Irish Cardiac Society and Dr. Ken McDonald continues as Secretary of the Irish Cardiovascular Training Board.

In summary 2000 was a year of considerable achievement somewhat tainted by the continuing problems of over crowding and difficult physical working conditions. The foundations have been laid for long term development and it is to be hoped that many of the problems enumerated can be addressed successfully over 2001.

### Cardiac Rehabilitation

#### Introduction

The aim of Cardiac Rehabilitation is to modify coronary risk factors, to improve heart function and general health. The programme is designed for people recovering from myocardial infarction, angioplasty and/or stent and coronary artery by-pass surgery.

#### Activities

The total number of patients who attended Cardiac Rehabilitation in 2000 was 82. 71 were male and 11 were female. Of these patients 66 attended most of the programme and 69 attended more than half the programme.



The programme runs twice weekly for six weeks and comprises educational sessions and exercise training. 10 people attend each group. The multi-disciplinary team is led by the Co-ordinator and includes; the physiotherapist, psychologist, dietician, social worker, pharmacist, health promotion nurse and cardiac registrar.

#### Developments

Ms. Mary O'Connor (job-sharing cardiac co-ordinator) left in February and was replaced by Ms. Lorna Timmons. She returned in April following completion of her Diploma Course in Cardiac Rehabilitation, Beaumont Hospital. Ms. Catherine Duane (Clinical Psychologist) commenced work with the Cardiac Team in August. A Sisters position became available following the implementation of the Cardiovascular Strategy and Ms. Marie Minogue commenced work with the Cardiac Team in September.

#### Other Services

Following discharge from the Coronary Care Unit, patients who have had a Myocardial Infarction or CABG are followed-up by telephone. The Health Promotion Nurses phone each individual at home three/four and six/seven weeks after discharge to support them in the early stages of rehabilitation. The Refresher Session continues to take place 10-15 months post Cardiac Rehabilitation. The monthly lifestyle information session is continuing and has a very good attendance.

#### Courses/Conferences attended

Ms. Niamh O'Sullivan attended the British Association Cardiac Rehabilitation annual meeting in Stratford-upon-Avon.

Members of the Cardiac Rehabilitation team attended the Irish Association Cardiac Rehabilitation annual meeting.

The Nurses Cardiovascular Association meeting was also attended by members of the Cardiac Rehabilitation team.

## Chapter 6

# Department of Dermatology

The Department of Dermatology at St. Vincent's University Hospital together with Hume Street and St. Michael's Hospitals provide dermatology services for patients living in the East Coast Health Board Area of Dublin. Dr. Paul Collins and Dr. Sarah Rogers/Dr. Roddy Matthews provided an inpatient consultation service, cutaneous surgery at extramural theatre and two outpatient clinics per week. Dr. Patrick Ormond (SpR3) took over from Dr. Trevor Markham as Dermatology Registrar, shared with Hume Street Hospital. SHO cover was provided by Dr. Mc Nicholas/Dr. McDonnell's respiratory team. Outpatient dermatology nursing was provided by Sr. Breege Screene, Ms. Maree Magner-Ryan and Ms. Sheelagh Brooks.



### Inpatient Service

This year twelve patients were admitted as urgent cases including erythrodermic psoriasis and atopic eczema, drug eruptions, vasculitis, bullous pemphigoid, cellulitis and erysipelas, staphylococcal scalded skin syndrome and dermatomyositis. Patients with chronic stable skin conditions, including psoriasis and atopic eczema, requiring five-day inpatient specialised dermatology nursing, were admitted to Hume Street Hospital (350 patients). 264 patients were examined on consultation from medical and surgical teams.

### Cutaneous Surgery

Day-case surgery, predominantly for skin cancer and atypical melanocytic naevi, was performed for 109 patients at extramural theatre. Several patients had more than one lesion excised. Nurse Linda Taylor kindly organises the theatre.

### Outpatient Clinics

This year there were 97 dermatology clinics at which 2,655 patients were seen (a 12.5% increase on 1999), 826 of whom were new referrals (up 4%). Outpatient therapy including cryotherapy, diagnostic punch biopsy, four layer bandaging, wart dressings/treatments, wound care and light cautery for macrocomedones was provided for 1,011 patients. This was a significant increase (15%) on the previous year. Patients were referred to Hume Street Hospital for day-care therapy, phototherapy, patch testing and inpatient therapy.

### Postgraduate and undergraduate education

Higher Specialist training for specialist registrars in dermatology and General Professional training for senior house officers was provided at St. Vincent's University Hospital and Hume St. Hospital. There is a weekly postgraduate dermatology session with dermatologists from St. James's and Tallaght hospitals comprising journal club, combined clinical case meeting and postgraduate dermatology lecture series at Hume Street on Wednesday morning. The fortnightly histopathology meeting takes place after this at St. Vincent's University Hospital.

Fifth year medical students joined the Dermatology team for two week rotations between St. Vincent's University Hospital and Hume Street Hospital.

Dr. Rogers and Dr. Collins taught on the UCD Diploma in Dermatology course for general practitioners.

### Conferences/Courses Attended

Irish Association of Dermatologists annual meeting, Dublin.  
British Association of Dermatologists annual meeting, London.  
Skin therapy forum, Leeds, UK.  
Consultants' course, London UK

### Presentations

Clinical use of ultraviolet radiation  
Paul Collins  
Introduction to the use of ultraviolet radiation in hospitals  
St. James's Hospital, March 2000.

Narrowband UVB phototherapy  
Paul Collins  
Munster Dermatology group  
Waterford Regional Hospital, March 2000

Low light-dose low dose-rate topical 5-aminolaevulinic acid photodynamic therapy is effective for superficial cutaneous cancers  
T Markham and Paul Collins  
Irish Association of Dermatologists, April 2000 and British Association of Dermatologists, July 2000

### Publications

Markham T., Kennedy F., Collins P., *Topical sucralfate for erosive irritant diaper dermatitis*, Arch Dermatol 2000;136:1199-1200.

Markham T., Collins P., *Occupational contact allergy to immersion oil*, Ir Med J 2000;93: 121.

Markham T., Collins P., *Low light-dose low dose-rate topical 5-aminolaevulinic acid photodynamic therapy is effective for superficial cutaneous cancers*, Br J Dermatol 2000;144; abstract.

Markham T., Sheehan K., Collins P., *Topical 5-aminolaevulinic acid photodynamic therapy for nodular mycosis fungoides*, Br J Dermatol 2001 (letter accepted for publication).

Collins P., Bourke J., Watson R., *Dermatology Manpower Report*, on behalf of the Irish Association of Dermatologists, submitted to Department of Health and Children.

### Audit

A six month audit of adverse effects from oral 8-methoxypsoralen PUVA using a new treatment regime, Trevor Markham, Paul Collins and nurses from day-care unit Hume Street.

A six month audit of adverse effects from narrowband UVB phototherapy, Trevor Markham, Paul Collins and nurses from day-care unit Hume Street.

### Achievements

Dr. Paul Collins hosted the Autumn, Royal Academy of Medicine Dermatology meeting at St. Vincent's University Hospital in November. The guest lecture was given by Professor Grant Anhalt from John Hopkins University Medical Centre on Paraneoplastic pemphigus. Seventeen clinical cases were examined by members and presented to Professor Anhalt, ten of which came from St. Vincent's University Hospital. Dr. Paul Collins, Dr. Patrick Ormond and Dr. Kieran Sheehan (Pathology) made significant contributions to the meeting.

Professor Lionel Fry and Dr. Sarah Rogers, funded by the Skin Foundation (UK) continue research into the molecular genetics of psoriasis in Irish families. This project is in collaboration with workers in Imperial College London and Iceland. Dr. Mairead Hannon, research registrar, is leaving to take up a post in paediatrics after a productive and successful year. Dr. Suzanne Corcoran will replace her.

Dr. Sarah Rogers went on sabbatical year and returns in April. Dr. Roddy Matthews, Consultant Dermatologist from Northern Ireland was locum Consultant for this year.

## Chapter 7

# Department of Endocrinology & Diabetes Mellitus

### Service Developments and Activities

This Department delivers a busy clinical service and is also responsible for basic science and clinical based research. The clinical service involves three Out Patient Diabetes Clinics and two Endocrinology Clinics one of which is delivered on the St. Michael's Hospital, Dun Laoghaire site. Endocrinology and Diabetes Mellitus have largely evolved into out patient specialties. In addition the team is responsible for acute general internal medicine "on call" on a rotational basis. While delivering the full range of endocrinology sub-specialties, particular interest and expertise is available in the management of thyroid, adrenal and reproductive disorders, the management of obesity and gut hormone disorders and metabolic bone disease. The clinical team consists of three Consultant Endocrinologists (Professor T.J. McKenna, Dr. Malachi McKenna, Dr. Donal O'Shea), a Lecturer, Department of Medicine University College Dublin (Dr. Abdulwahab Suleiman), a Specialist Registrar (Dr. Twani Toothily), a second Registrar (Dr. Mun Leong Au-Yeong), one Senior House Officer and one Intern, three Diabetes Nurse Specialists, one Research Nurse, one Dietitian and four Secretaries. The continuing education programme for the Department includes the weekly Diabetes Team Meeting (Monday, lunch-time) and Endocrinology Conference (Tuesdays at noon), and weekly Departmental Journal Club (Fridays at 8.00 a.m.). The Department therefore, not only delivers a service focused on patient care but also provides an excellent environment for the training in all aspects of Endocrinology and Diabetes Mellitus.

### Visitors

During the year the Department was pleased to host Professor Ian Mason, Professor of Biochemistry Edinburgh University. Professor Mason has a particular interest in adrenal steroidogenesis, which is a shared interest with this department. As visiting Professor he spoke at the weekly Endocrine Conference and designed a programme of collaborative research with Dr. Leonie Young. Dr. Alan Graber, Director of Clinic Diabetes Services, Vanderbilt University Hospital, Nashville, Tennessee, presented to St. Vincent's University Hospital's Medical Conference where he discussed the important topic of "The interface of hospital based and primary care for patients with Diabetes Mellitus".



### Diabetes Centre

Nurse Nora Collis provided stability in a Department, which saw many changes in the year 2000. Nurse Jenny Dunbar who for some years had carried the joint responsibility of Senior Diabetes Nurse Specialist with Nurse Deirdre Gleeson retired during the year. Nurse Aoife O'Keeffe has been appointed to the role previously held by Nurse Jenny Dunbar and she will also continue as Research Nurse. In addition Nurse Marguerite Quirke resigned to take up a post as Public Health Nurse near her home in Wicklow. The Centre also saw the departure of Ms. Orla Brady, Diabetes Centre Dietitian to the Mater Private Hospital. However, Orla was replaced by Ms. Sinead Curran who now provides an extended full time commitment to the Diabetes Centre. Ms. Karina Sefkow developed a close association with the Diabetes Centre for much of the year 2000. This Clinical Health Educator from San Jose, California, is a Diabetes Specialist. Her input to the counselling activities of the Diabetes Centre Team has been very valuable and very helpful to our patients. In addition to the routine undertaking of the Diabetes Centre, the team also organised a workshop for patients with Type 2 Diabetes Mellitus and was the first Department to deliver in the St. Vincent's University Hospital public lecture series. This well attended programme provoked much discussion from a lively and large audience in the Education Centre on February 8, 2000. The Centre also organised a lecture programme for student nurses. During the year the Centre also established a twenty-four hour blood pressure monitoring facility for patients with diabetes mellitus.

The Diabetes Centre Staff provides intensive in-patient and out-patient consultations, in addition to education and counselling support. All patients attending the Diabetes Centre are maintained on a current database, which is utilized and updated at each out-patient clinic visit or in-patient consultation. This system facilitates the delivery of the clinical service, permits audit of activities and is a useful tool for related research. Basic to the maintenance of this important service had been the input of the Diabetes Centre secretaries Ms. Fiona Whelan, Ms. Michele Keane, Mrs. Brenda Sullivan and Ms. Joyce Doyle.

The need to provide a service to support coping with distress which some patients experience in dealing with Diabetes Mellitus has been recognised for some time. Following consultation with the Department of Psychiatry, it was agreed to establish a pilot study to assess the need. This was undertaken by Dr. Eamon Kenny, Registrar in the Department of Psychiatry. He established a liaison service based in the Diabetes Centre. Dr. Kenny's contribution has already been recognised as very helpful for patients. His initial assessment is that there is a significant need and plans are afoot to extend the service and establish it on a permanent basis.

### Endocrinology Laboratory

In addition to maintaining the immunoassay service for steroids, polypeptides and binding proteins the laboratory service has been extended to provide further specialisation and this has been facilitated by methodological developments and the introduction of improved analyzers. The laboratory continues to provide a unique screening service for macroprolactin for patients found to have prolactin excess. We were pleased to welcome Ms. Anne Dickinson as a permanent member of staff having last year been appointed in a locum capacity. Ms. Anne Dickinson joins Dr. Tom Smith, Principal Biochemist, Ms. Marie Culliton, Senior Technologist and Ms. Mary Moriarty. Following 3 years in the Department Ms. Bernadette McCarthy transferred to Finance and was replaced by Ms. Mary Darragh.

### Research Activities

Dr. Leonie Young, UCD Newman Scholar, has been pursuing a greater understanding of the control of

adrenal steroidogenesis. This has been undertaken during the year with Ms. Geraldine Murphy who completed her studies towards a MSc Degree based on this work, she was replaced by Ms. Sinead Murphy. Their work utilizes a human adrenal tumor cell line which has been established in culture. This work has led to two significant observations: a) all adrenal cell types i.e., from three zones of the cortex, have the capacity to produce all steroids but the ability to produce the different families of steroids differs from cell type to cell type; b) differential steroid production involves the expression of intercellular molecules which modify enzyme expression within the cells.

Dr. Abdulwahab Suleiman completed three Clinical Research Projects during the year.

- i) The clinical significance of macroprolactin: Macroprolactin, which is biologically inactive because it is composed of a complex of normal prolactin plus an auto-antibody to prolactin, reacts in assays for prolactin. This gives rise to elevated prolactin values which lead to misdiagnoses and unnecessary imaging of the pituitary gland with CT or MRI scanning and drug treatment of approximately 70% of patients with macroprolactinaemia. The recognition of this artifact will now allow alternative diagnosis to be made, thus avoiding inappropriate investigations and unnecessary treatment;
- ii) The assessment of tests for secondary adrenal insufficiency: Dr. Suleiman's investigations have confirmed the hypothesis that to make this diagnosis it is necessary to have a test which evaluates the entire hypothalamic-pituitary-adrenal axis such as the overnight metyrapone test, widely used by this laboratory. Investigations using ACTH stimulation of the adrenal gland alone either in conventional or in low doses as recently recommended, are associated with unacceptably high false positive and false negative results, depending upon the cutoff points utilized;
- iii) The evaluation of different replacement regimes for adrenal insufficiency: These studies did not identify significant differences in insulin sensitivity or bone turnover with three different schedules of glucocorticoid replacement including hydrocortisone 15 and 20 mg per day and dexamethasone 0.1 mg /15 kg body weight. However, it was noted that

hypoglycaemia induced to assess insulin sensitivity was consistently associated with suppression of parathyroid hormone levels which was not due to the impact of glucocorticoids or a diurnal rhythm.

## Achievements and Distinctions

Professor T. J. McKenna is Registrar of the Royal College of Physicians of Ireland and Secretary of the Irish Committee for Higher Medical Training for which he is also National Specialty Director for Training in Endocrinology. Professor McKenna is a member of the Specialist Register Committee of the Medical Council and a member of the Training Committee of the Manpower Working Group established by the Department of Health. Dr. McKenna was also a member of the Metabolism and Endocrinology Committee of the Health Research Board. Professor McKenna is Chairman of the Religious Sisters of Charity Health Care Ethics Committee.

Dr. Tom Smith is Treasurer of the Association of Clinical Biochemists, Republic of Ireland.

Ms. Marie Culliton is President-elect of the Academy of Medical Laboratory Science and also sub-editor of the Academy's periodical "Converse".

Ms. Orla Brady is a council member of the Irish Nutrition and Dietetics Institute and co-ordinator of its Diabetes Interest Group. Ms. Sinead Curran is a member of the Public Relations Sub-Committee of the Institute and is its representative to the Diabetes Federation of Ireland.

Dr. Leonie Young was winner of the coveted O'Donovan Medal for the best presentation at Irish Endocrine Society Annual Meeting in Dublin in December 2000.

## Conferences / Courses Attended

**The Irish Endocrine Society Study Day**, Royal College of Physicians of Ireland  
February 25, 2000.

**The British Endocrine Societies Meeting**, Birmingham, 13 - March 16, 2000.

**The Corrigan Club**, Belfast, 5 - May 6, 2000.

**The 27th Annual Meeting of the European**

**Calcified Tissue Symposium**, Tampere, Finland, 6 - May 7, 2000. M J McKenna invited speaker  
"Hypovitaminosis D: Prevalence, Definition, Prevention"  
**The 26th International Aldosterone Meeting**, Toronto, 19 - June 20, 2000.

**European Association for the Study of Diabetes Annual Meeting**, Jerusalem, 17 - September 21, 2000.

**Association of Clinic Biochemists in Ireland**, Belfast, 20 - October 21, 2000.

**Irish Diabetes Nurse Specialist Association AGM Kildare**, 3 - November 4, 2000.

**Association of Internal Medicine Meeting**, Mullingar, November 4, 2000. T J McKenna invited speaker  
"Macroprolactinaemia: readily identifiable cause of inaccurate diagnosis, inappropriate investigation and unnecessary treatment".

**Diabetes Federation of Ireland, Professional Services Annual Scientific Meeting**, Dublin, November 18, 2000

**The Irish Endocrine Society, Annual Meeting, Dublin**, December 9, 2000.

**Irish External Quality Assessment Scheme, Participants Conference**, Dublin November 2, 2000.  
T Smith, Guest Speaker - "Macroprolactin - Clinical and Laboratory Relevance"

## Abstracts

The British Endocrine Societies Meeting Birmingham, 13 - March 16, 2000, *Macroprolactin: A cause of inappropriate investigations and treatment*, Suleiman A.M., Sharma J., Smith T., and McKenna T.J., J. Endocrinol 164 (supple): p206, 2000.

*Identification and localisation of specific cell surface markers in the human adrenal cortex*, Young L.S., Murphy G.E., Smith T., Cunningham S.K. and McKenna T.J., J. Endocrinol 164 (supple): p276, 2000.

*Low and standard dose ACTH and metyrapone testes in assessment of hypothalamic-pituitary-adrenal axis*, Suleiman A.M., Hanif M.W., O'Keefe A., Smith T., Fiad T. and McKenna T.J., J Endocrinol 164 (supple): p277, 2000.

*Two different human adrenal cell types produce both cortisol and androstenedione*, Murphy G.E., Young L.S., Cunningham S.K., Smith T., and McKenna T.J., J. Endocrinol 164 (supple): p275, 2000.

*Prevalence of macroprolactinaemia in various hyperprolactinaemic states*, Smith T. and McKenna T.J., J. Endocrinol 164 (supple): p204, 2000.

The Endocrine Society 82nd Annual Meeting, 21 - June 24, 2000, Toronto, Canada, *Macroprolactinaemia: An easily identified cause of inappropriate investigation and treatment*, Suleiman A.M., Sharma J., Smith T., and McKenna T.J., Programme and Abstracts Book, 552.

*Prevalence of macroprolactinaemia in various hyperprolactinaemic states*, Smith T.P., McKenna T.J., Programme and Abstracts Book, 553.

The Irish Endocrine Society 25th Annual Meeting, 8 - December 9, 2000, Dublin, *Macroprolactin: An easily identified cause of inappropriate investigation and treatment*, Suleiman A.M., Sharma J., Smith T., and McKenna T.J., Irish Journal of Medicine Science 169(4) Supplement 2: 7, 2000.

*Aldosterone production in different adrenocortical cells is not an all or nothing phenomenon*, Young L.S., Murphy G.E., Smith T., Cunningham S.K. and McKenna T.J., Irish Journal of Medicine Science 169(4) Supplement 2: 7-8, 2000.

*Autoantibody-mediated hyperprolactinaemia (macroprolactinaemia) is not associated with the presence of anti-nuclear or anti-thyroid autoantibodies*, Smith T., Dickinson A., Smyth P.P.A., Suleiman A.M., McKenna T.J., Irish Journal of Medicine Science 169(4) Supplement 2: 14, 2000.

*Osteoporosis in Ireland: Early Identification of those at risk*, McKenna M.J., Powell D., Molloy M., Foley-Nolan D., Walsh B., Milner M., Coughlan R., Fitzgerald O., Hayes J., Targeted Therapeutic News, 2000; 51A.

*The low dose ACTH test does not provide useful assessment of hypothalamic-pituitary-adrenal axis (HPAA)*, Suleiman A., Clarke M., O'Keefe A., Smith T., Fiad T., McKenna T.J., Irish Journal of Medicine Science 169(4) Supplement 2: 18-19, 2000.

## Publications

Kokaly W., McKenna T.J., *Relapse of hirsutism following long-term successful treatment with oestrogen-progestogen combination*, Clin. Endocrinol. 52: 379-382, 2000.

Suleiman A.M., Al-Saber F., Hayes F., Fiad T., Culliton M., Cunningham S., McKenna T.J., *Hyperprolactinaemia: Analysis of presentation, diagnosis and treatment in the endocrine services of a general hospital*, Ir. Med. J 93: 74-76, 2000.

McKenna M.J., Freaney R., *Problems with direct 25-hydroxyvitamin D assays, and the target amount to vitamin D nutrition desirable for patients with osteoporosis: Response to Dr. Vieth*, Osteoporosis Int 2000; 11: 635-636.

Reginster J.Y. et al for the Vertebral Efficacy and Risedronate Therapy (VERT) Study Group, *Randomized trial of the effects of risedronate on vertebral fractures in women with established postmenopausal osteoporosis*, Osteoporosis Int. 11:83-91, 2000.

McClung M.R. et al for the Hip Intervention Program Study Group, *Effects of risedronate on the risk of hip fractures in elderly women*, N Engl J Med. 344: 333-340, 2000.

## Chapter 8

# Department of Metabolism

### Scope of the Metabolic Service

The Metabolism Laboratory provides a comprehensive analytical and consultation service on metabolic problems for medical and surgical patients at St Vincent's University Hospital, the ERHA hospitals and acts as a referring centre for specialist markers of bone and renal disease nationally. Bone biochemical markers play a key role in determining bone modelling processes. These markers facilitate monitoring response to treatment in a range of metabolic bone disorders including osteoporosis (post-menopausal/ steroid-related/post transplantation), osteomalacia, Paget's disease and also more rare bone disorders. In addition to this very specialised work the laboratory provides a wide range of analyses, including vitamin D, parathyroid hormone, parathyroid hormone related peptide, albumin excretion rates and analysis in renal stone forming patients.

Developments within the laboratory include the expansion of the bone marker profile and the monitoring of response to treatment for patients with bone metastases. The development of an intra-operative assay for parathyroid hormone (PTH) using novel electrochemiluminescence technology will compliment more minimally invasive parathyroidectomies. The laboratory is advancing the accreditation programme to insure compliance with Clinical Pathology Accreditation (CPA) requirements.

### Staff

Dr Rosemarie Freaney, Principal Biochemist, retired after a distinguished career in Clinical Biochemistry in June 2000 and was replaced by Maria Fitzgibbon. Dr Freaney obtained her PhD in Biochemistry at University College Dublin and has been Principal Biochemist in the Renal and Metabolism Laboratory since 1966. Under her direction, this laboratory has been at the forefront of renal and metabolic biochemistry and maintains unique expertise in the field of bone metabolism. Dr Freaney has extensive experience of European and international collaborative work and has published extensively in international peer-reviewed journals. Dr Freaney was the co-ordinator of a multi-centre European study aimed at development of miniaturised monitoring equipment with sensor arrays. To acknowledge her contribution to

Clinical Biochemistry the Association of Clinical Biochemists in Ireland have nominated her for the FESCC European Distinguished Clinical Chemist award.

### Future Plans

Studies relating to the molecular aspects of both metabolic and metastatic bone diseases are projected. A plan to place High Performance Liquid Chromatography (HPLC) in the Metabolism Laboratory has been submitted to the ERHA. This will facilitate the analysis of catecholamines and their metabolites, together with vitamins A and E.

### Representative Functions

#### Dr Rosemarie Freaney

Associate member of the International Federation of Clinical Chemistry Committee for Advanced Technology. Health Research Board - Member of the Endocrinology and Metabolism Committee.

#### Ms Barbara Murray

Member of the executive committee of Eurachem Ireland.

### Meetings Attended by Department Personnel

Association of Clinical Biochemistry 23rd Annual Conference, Belfast 2000.  
Attended by Maria Fitzgibbon and Yvonne Mc Brinn.

### Publications

Byrne P.M., Freaney R. McKenna M.J, Masked Hypercalcaemia. Postgrad Med J. 2000; 76 (892):117-9.

## Chapter 9

# Department of Gynaecology

The Department of Gynaecology continues to provide a wide-ranging service to women attending the hospital. Most of the patients are referred from primary care clinicians but a significant number also come from cross-referral from other departments within the hospital and tertiary referrals from outlying gynaecology units. A comprehensive general service is provided with particular reference to fertility and oncology. The fertility service liaises with our endocrinology colleagues. In Oncology, major gynaecological surgery is often performed, particularly in cases that require intensive care or high dependency unit facilities. The oncology service is provided in a multi-disciplinary setting, with a close working relationship with our colleagues in Radiation and Medical Oncology.

Three outpatients clinics and three operating lists are performed each week. An on-call emergency service is provided by the consultants, themselves being first on call.

During the year we welcomed the establishment of St. Charles' Ward as an area with protected beds. The absence of this facility in the past has been a huge problem in planning elective services. We have also been able to utilise the facilities in the new five-day unit adjoining St. Michael's Hospital. We feel that it is essential in planning an elective service that these facilities will continue to be maintained. Significant inroads in our waiting list have already been made.

During the year our Registrar, Dr. Maeve Eogan, passed the MRCOG exam in London at the first attempt. We would like to congratulate her on this significant achievement.

### Departmental Statistics

#### Out-Patients

New patients	708
Total Attendance	2176

#### Surgical Operations

Total	342
Major Operations	143
Minor Operations	199

Total Admissions	431
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The total number of admissions to the department increased by 26% compared with the year 1999. The number of operations increased by 8% and out-patient attendances by just over 1%. We were delighted to see an increase in overall activity, much of which was allowed by the provision of protected beds. In particular we would like to thank the nursing staff in St. Charles' Ward and the operating theatres for their support during the year, often given under difficult circumstances. As we all know, staff shortages in the Department of Nursing continue to be a major source of concern and the dedication of our nursing staff in overcoming these difficulties is to be commended. We are looking forward to the future development of the hospital and the provision of more out-patient and day care facilities. Undoubtedly this is the path along which gynaecology will develop in the future.

## Chapter 10

## Department of Gastroenterology/Liver Unit

The Millennium year saw a continued increase in the numbers of patients being processed through the Gastroenterology and Liver Services with a 15% increase in the overall clinical activity level and including 7,000 attendances at six weekly G.I./Liver Out-Patient Clinics. The Gastroenterology/Liver Service continues to rely heavily on the efficiency and co-operation of various Departments throughout the hospital, including the Department of Diagnostic Imaging, Intensive Care and Renal Services and the Department of Pathology all of whom play a vital role in the management of patients with complex and serious G.I./Liver Disorders. The G.I. Endoscopy Service continues to provide an excellent service with a further increase in activity with over 4,500 diagnostic and G.I./Biliary Interventional procedures being performed. As in previous years, the provision of this level of service and commitment relies heavily on the efficiency and goodwill of the nursing personnel in all of the departments associated with the G.I./Liver Unit.

The research activities in the Gastroenterology/Liver Unit were maintained throughout 2000 with over thirty presentations at National and International G.I./Liver meetings in the fields of Inflammatory Bowel Disease, Colorectal Cancer, Intestinal Physiology, Portal Hypertension, Liver Immunology and Hepatitis C virus infection. In addition, in 2000, monthly research meetings were established for Inflammatory bowel disorders and Colorectal cancer which are attended by medical and surgical Gastroenterologists, Pathologists, Radiologists and basic scientists. They provide an excellent focal point for inter disciplinary research activities. The year also saw several members of the G.I./Liver Unit obtain senior posts in prestigious institutions both in Ireland and abroad, including Dr. Maeve Skelly, Specialist Registrar (Northwick Park/St. Mark's Hospital), Dr. Michael Curry, Fellowship in Hepatology (Harvard Medical School), Dr. Alan Bohan, Fellowship in Hepatology (Yale Medical School), Dr. Orla Crosbie/Consultant, Gastroenterologist/Hepatologist (Norwich University Hospital/Addenbrooks Hospital) and Dr. Derek Doherty, Lecturer in Biology (Maynooth). The year also saw several additional successful grant applications amounting to almost £250,000 accruing to the Liver Immunology Research Group in the Education & Research Centre and to the ongoing productive, collaborative projects involving Prof. J. Docherty, Royal College of Surgeons in Ireland and Dr. Aiden McCormick. During the year several members



Maura Fahy with staff from the Liver Unit on presentation of cheque and Needlework display

of the G.I./Liver Unit submitted theses including Dr. Maeve Skelly (PhD), Derek Moriarty (PhD), and Dr. Alan Bohan (MD).

### National Liver Transplant Programme

The year 2000 was the most successful year to date for the National Liver Transplant Programme. A total of 40 transplants were performed on 34 patients. The overall success rate was 83%. 31 of the 40 transplants were elective transplants in patients with end stage liver failure and 9 were emergency transplants. Over the 8 year period from 1993 to 2000 a total of 189 liver transplants have been performed at St.Vincent's University Hospital with an actuarial survival of 81%. The success rate at St. Vincent's University Hospital compares very favourably with the best survival figures obtained in liver transplant programmes throughout the world.

The year 2000 was a reasonably satisfactory year from the point of view of organ donation rates in Ireland. The total number of liver donors for the year was 62, which was a slight increase on the previous year. In the light of a declining number of organ donations world wide, this has been a satisfactory year in Ireland and we continue to have one of the highest per capita organ donation rates in the world.

The National Liver Transplant Programme continues to maintain close links with the United Kingdom Transplant

Service and this link has ensured that suitable donor livers can be made available to Irish patients who require emergency liver transplantation within a very short time frame. These links have also meant that our programme is fully integrated into the United Kingdom and Ireland Transplant Audit. The St.Vincent's University Hospital programme also participates in the European Liver Transplant Registry.

The number of complex surgical and medical tertiary referrals to the Liver Unit continues to rise. Many of these patients require treatment other than transplantation and this has had a significant impact on the workload of associated departments such as Diagnostic Imaging and Pathology.

The National Liver Transplant Programme, in common with other areas of the hospital, has had major problems with nurse shortages over the past year. The number of skilled nursing staff in St. Brigid's Ward and in the operating theatre has continued to decrease and this has had a major impact on the Programme. Despite the shortages, our nursing staff has continued to provide a top class service and it is a credit to the nurses in St. Brigid's ward and in the operating theatre that we succeeded in performing 40 transplants during the year.

### Publications (Peer Reviewed)

Curran B., Lenehan K., Mulcahy H., Tighe O., Kay E.W., O'Donoghue D.P., Leader M., Croke D., *Replication error phenotypes, clinicopathological variables and patient outcome in Dukes' B stage II (T3,N0,M0) colorectal cancer*, Gut (2000), 46: 200-204.

McCormick P.A., Casey O., Barry P., Laffoy M., Treacy J., *Delays in administration of acetylcysteine in paracetamol overdose*, Irish Medical Journal 2000; 93: 77-78.

MacEaney P.M., Malone D.E., Skehan S.J., Curry M.P., Miller J.C., Gibney R.G., Traynor O., McCormick P.A., *The role of hepatic arterial doppler ultrasound after liver transplantation: an "Audit Cycle" evaluation*, Clinical Radiology 2000; 55: 517-524.

McCormick P.A., *Improving prognosis in hepatorenal syndrome*, Gut 2000; 47: 166-7.

McCormick P.A., Murphy K.M., *Splenomegaly, hypersplenism and coagulation abnormalities in liver disease*, Bailliere's Best Practice & Research Clinical Gastroenterology 2000; 14: 1009-31.

McCormick P.A., Nolan N., *Vanishing Bile Duct Syndrome. In: Gallbladder and biliary tract diseases*, Ed Afdhal NH. Marcel Dekker Inc, New York. 2000; 705-23.  
Curry M., Norris S., Golden-Manson L., Doherty D.G., McEntee G., Traynor O., Hegarty J.E., O'Farrelly C., *Isolation of hepatic lymphocytes from adult human liver suitable for phenotypic and functional characterisation*, Journal of Immunological Methods, 242: 21-31, 2000.

McKiernan S.M., Hagan R., Curry M., McDonald G.S.A., Nolan N., Crowley J., Hegarty J., Lawlor E., Kelleher D., *The MHC is a major determinant of viral status, but not fibrotic stage, in individuals infected with hepatitis C, derived from a single source*, Gastroenterology 2000; 118: 1124-1130.

Curry M.P., Golden-Mason L., Nolan N., Parfrey N.A., Hegarty J.E., O'Farrelly C., *Expansion of peripheral blood CD5+B cells is associated with mild disease in chronic hepatitis C virus infection*, J. Hepatol. 32: 121-125, 2000.

Golden-Mason L., Curry M.P., Nolan N., Traynor O., McEntee G., Kelly J., Hegarty J.E., O'Farrelly C., *Differential Expression of Lymphoid and myeloid Markers on Differentiating Hematopoietic Stem Cells in Normal and Tumor-bearing Adult Human Liver*, Hepatol 2000 31: 1251-1256.

Curry M.P., Norris S., Golden-Mason L., Doherty D.G., Collins C., Deignan T., Traynor O., McEntee G.P., Hegarty J.E., O'Farrelly C., *Isolation of Hepatic Mononuclear Cells from Normal Adult Human Liver Suitable for Phenotypic and Functional Characterisation*, J. Immunol. Meth 2000 242: 21-31.

Curry M.P., Hegarty J.E., *The Gallbladder and biliary tree in cystic fibrosis. In: Diseases of the gall bladder and biliary tract*, Afdhal, NH (Ed), Marcel Dekker, New York. 2000 387-406.

## Chapter 11

# Nephrology Department

2000 was a busy year for the Nephrology Department and the Dialysis Unit. 2,850 dialysis treatments were performed which demonstrates a 39% increase in activity on 1999. This workload was achieved despite severe nursing shortages. The nursing staff at St.Vincent's University Hospital have performed magnificently under very difficult circumstances and deserve special acknowledgement. We are particularly grateful to our Australian colleagues who joined us in June 2000.

### Education, Research and Quality Initiatives

Post-graduate training is catered for by weekly meetings in the department, and monthly multidisciplinary audit meetings of patients clinical status.

Dialysis adequacy is closely observed using urea-kinetic modelling on our clinical computer system Finesse Data Base. The year 2000 saw the Nephrology Department, becoming a site for specialist registrar training, run by the Irish Committee for Higher Medical training. We welcome Dr. Olwyn Johnston as first appointee to this post in the unit.

### Future Developments

C.A.P.D. as a treatment option will be available for patients in June 2001. A Higher Diploma in Clinical Nursing (Nephrology) will commence in September 2001. This course is modular and will take two years to complete, we hope to welcome four nurses to this course. The academic content will be delivered by our teaching colleagues in the School of Nursing and Midwifery, University College Dublin. Clinical training will be given in this Unit. A steering group of clinical and teaching staff has been established to implement this and other specialists nursing courses. The department of Nephrology extends its thanks to all involved, as we view this development as a key issue in helping us to continue our mission of excellence in patient care.

### Staffing

#### Consultants in Nephrology

Dr. Alan Watson  
Prof. Brian Keogh



### Nephrology Team

Sr. Helen Deane	Sr-in-Charge Dialysis Unit.
Dr. Olwyn Johnston	Specialist Registrar in Nephrology.
Dr. Cathy McHugh	Medical Registrar.
Frank Kelly	Senior Clinical Engineer.
Kirsty Whaley	Administrative Assistant.

### Meetings attended

#### Dr. Alan Watson

International Peritoneal Dialysis - Madrid, May 2000  
EPA/EDTA Meeting - Nice, September 2000.

#### Prof. Brian Keogh

Renal Association of Great Britain & Ireland - September 2000.  
Canadian College of Physicians & Surgeons - September 2000.  
Australian College of Physicians, Adelaide - May 2000.

#### Dr. Olwyn Johnston

Winner of the SPR Case Conference at Seasonal Nephrology Meeting - Mount Juliet, Co. Kilkenny - September 2000.

The American Society of Nephrology, Toronto - October 2000.

Pre Conference Course on "Update on Glomerulonephritis" - October 2000.

#### Frank Kelly

EDTNA, Portugal - July 2000.

### Publications

Dempsey M., Watson A., Ryan M.P., *Role of Caspases and Occludin in Cisplatin-Induced Apoptosis in Renal Tubular Epithelial Cells*, J Am Soc Nephrol 599A 11:2000.

Larine Nee, McGlynn H., Watson A., Ryan M.P., *Divergent Regulation of MMP-9 and TIMP-1 by Renal Proximal Tubular Cells in Response to TNF  $\alpha$  and IL-1 $\beta$* , J Am Soc Nephrol 478A 11:2000.

Wall C.A., Mellotte G.J.M., Keogh J.A.B., *Low-grade lymphoma in a cadaveric renal transplant donor following organ transplantation: recipient management and outcome*, Nephrol Dial Transplant (2000) 15: 1069-1071.

Edited by Kinsella R., O'Mahony J., *The Private Medical Insurance Market: Reform, Opportunities and Challenges*, Published by the Centre for Insurance Studies, UCD, Graduate School of Business.

Keogh, J.A.B., *A Physician's Perspective*, Chapter 8, pp 53-56.

Chairman, Prof. J.A.B. Keogh, *Immunisation Guidelines for Ireland - 1999 Edition*, produced by the National Immunisation Committee.

### Other

Dr. Alan Watson, President of the Irish Nephrology Society - 2000.

Prof. Brian Keogh, President Royal College of Physicians Ireland - 2000.

## Chapter 12

# Department of Neurology

### Activities

At the time of writing this report, we are well into the planning of a large European Multiple Sclerosis conference scheduled for September 2001, at the R.D.S. which is both exciting and daunting. This is one of a number of activities outside the hospital in which the Department is involved. In the hospital, we would like to develop a number of specialist clinics which now, because of space limitations, take place in the general neurology out-patients. Multiple Sclerosis and Dystonia/Botulinum Toxin clinics could usefully be increased in size and offer a wider range of services to patients. Anna McCarthy is doing sterling work as the M.S. Nurse Specialist and we are grateful to her and of course, to Leslie, Eileen and Brigid in the E.E.G. Department for helping to keep the whole department running efficiently.

### Significant Achievements

Dr. Paul McMonagle completed his two years of research on Hereditary Spastic Paraplegia and in conjunction with Dr. Therese Burke (Psychology, U.C.D.) and Dr. Paula Byrne and Prof. Nollaig Parfrey (Pathology, U.C.D.) a number of papers have been published. Dr. McMonagle spoke at an international conference on HSP in Michigan in May. Dr. Christopher McGuigan has taken up the post of CJD Surveillance Registrar and works between St. Vincent's University Hospital and Beaumont Hospital. Dr. Sean O'Riordan has begun research on Dystonia.

During the year, Prof. Bruce Brew visited the Department from St. Vincent's Hospital in Sydney and gave a number of lectures on HIV Disease and Neurology which is his particular area of interest. Dr. Hutchinson has been appointed Dean of the Irish Institute of Neurology and Neurosurgery.

### Publications

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### Future Plans

The most important development which would improve the service to patients would be the appointment of more Consultant Neurologists and plans are underway to increase the numbers in St. Vincent's University and other South Dublin Hospitals.