

February 2006
Volume 5, Issue 8

Six Minutes of
Important Reading for
Physicians

The Physician

 Regina Qu'Appelle
HEALTH REGION

Upcoming Special Event

Doctors Night Out
Saturday, March 25, 2006
Hotel Saskatchewan

Fundraising Dinner and Dance
to acknowledge recently
retired physicians from the
Regina Qu'Appelle Health
Region

Cocktails: 5:30 p.m. Supper:
6:30 p.m.

Dance to follow

Tickets: \$75 per person (\$35
from each ticket sold will be
donated to the Hospitals of
Regina Foundation. Tax receipts
will be issued).

Tickets are available until
March 20 from Dr. Ekong's
office (contact Twila at 781-
7229) or the Medical Services
Office (contact Sharon at 766-
4260). Hosts of this special
event are the Regina
Qu'Appelle Regional Medical
Association and the Regina
District Medical Society.

25 or more Years of Service

Dr. W. E. Adams
Dr. N. Bilkhu
Dr. N. Fiezycz
Dr. S. Thackeray
Dr. V. Thackeray

10 to 24 Years of Service
Dr. R. Katz

A First for Saskatchewan: Spinal Disc Arthroplasty

Regina surgeon Dr. Alan Beggs has performed a first-of-its-kind operation, spinal disc arthroplasty, in Saskatchewan. For some patients with degenerative disc disease in the lumbar spine, disc arthroplasty or disc replacement may provide a better solution than traditional spinal fusion.

Disc arthroplasty has been widely performed in Europe for twenty years, although it is relatively new in North America.

"In carefully selected patients," says Dr. Beggs, "the success rate for this procedure is very good, about 80 to 85 percent."

Degenerative disc disease (DDD) is caused by the wearing down of the discs supporting the spinal vertebrae. The grinding of bone on bone can result in disabling chronic pain for the patient.

One drawback to traditional spinal fusion is caused by immobilizing the affected disks, increasing stress on other discs in the back. "Discs above and below bear a biomechanical load," says Beggs. "The basic principle of fusion is taking away the pain by taking away the motion."

The implant that Dr. Beggs is using as an alternative to spinal fusion, "... looks like a tiny sandwich comprised of two metal end plates with a polyethylene core or spacer between the two," he says. "In time, the vertebrae will grow

into the device through the end plates. The 'spacer' allows the spine to flex in a more normal way, preserving the patient's range of motion."

Candidates are carefully selected. Lack of response to other therapies is a factor. Patients with continued disc degeneration but with no prior lumbar surgery are considered. Obesity is a relative contraindication. Those with arthritis of the spine or osteoporosis are excluded.

The surgery is done through the abdomen, exposing the spine.

Dr. Beggs said that recovery time is usually shorter. "Patients can be mobilized quite a bit earlier," noting that the implant is strong and bone will grow into it over time.

Dr. Beggs says, "This is a reasonable option for those unresponsive to conservative therapy. I think it has a promising future, a brand new option for patients with pure mechanical back pain and no other good surgical options."

The first attempt at a spinal implant was made in Berlin, Germany, by Dr. Fernstrom in 1966. His "steel ball-bearing" device was not clinically successful, but research continued and evolved over the next forty years.

Dr. Alan Beggs received his training in Saskatchewan and at London Health Sciences in London, Ontario, the largest disc replacement centre in Canada.

Wanted: Physicians and Patients for RQHR Study to Improve the Prostate Cancer Screening Process

RQHR researchers are studying ways to improve the prostate cancer screening process. Their goal is to reduce the length of time required for patients to receive a conclusive diagnosis of prostate cancer, while avoiding or deferring biopsy in men at low risk of clinically significant prostate cancer.

To complete their goal, they need physicians and patients willing to participate in a study focused on establishing the long-term feasibility of a new screening process. In this study, all patients will be able to receive a summary of their PSA test results by mail and if it is elevated, they may book an appointment directly with Radiology.

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Feedback

Tel. (306) 766-5227

Fax. (306) 766-5414

Public Affairs Department
Regina Qu'Appelle
Health Region
2180-23rd Avenue
Regina, SK S4S 0A5
thephysician@rqhealth.ca

Wanted: *continued from page 1*

This new study is an extension of the October 2005 study entitled *A New Approach to the Earlier Diagnosis of Prostate Cancer*.

Since October 2005, patients and physicians in the experimental study entitled *A New Approach to the Earlier Diagnosis of Prostate Cancer* have been receiving a summary of their PSA test results by mail. In this study, patients with an elevated PSA test result have been allowed to book their follow up

assessment directly with the radiology department. In the control condition, physicians continued to refer their patients with elevated PSA test results to an urologist, who retained the primary responsibility for referring patients to Radiology for follow up.

The data collected so far reveal a substantial difference in wait times between the two groups. In addition, the patients' response to the letter summarizing their test results has been

extremely positive.

By eliminating the control condition, RQHR researchers want to increase the volume of participating patients and doctors.

If you would like your patients to be able to participate in this project, or would simply like more information, please contact the study coordinator, Jennifer St. Onge, at 766-5432, RQHR, Research and Performance Support.

News Reel

New MRI Scanner in Regina

Patients across southern Saskatchewan will have quicker access to diagnostic imaging services, with the installation of a new Magnetic Resonance Imaging (MRI) scanner at Regina General Hospital.

The MRI is Regina's second, and the fourth in the province. The purchase, planning and renovations cost approximately \$4.6 million, of which \$2.2 million was invested from the 2004-2005 provincial budget. The remainder was provided through the 2004 federal health funding accord.

Demand for MRI exams continues to rise, but Saskatchewan is keeping pace and significantly reducing wait lists. In 2004-2005, 26 per cent more MRIs were done in Saskatoon and Regina than in the previous year. During that same period, the provincial wait list for MRIs decreased by 34 per cent. In 2005-2006, provincial MRI capacity is expected to increase by 32 per cent, to about 21,000 exams.

Regina's new MRI began taking patients in late December, 2005. During its installation, Regina Qu'Appelle Health Region rented a mobile MRI unit, to minimize disruptions to service and reduce the number of patients waiting.

Health Quality Council Receives 2006 Saskatchewan Healthcare Excellence (SHEA) Award

Unique provincial agency recognized for innovation in health care

On February 4, the innovative work being done by the province's Health Quality Council was recognized at the 2006 Saskatchewan Healthcare Excellence Award (SHEA) gala in Regina. HQC was one of 10

organizations and individuals from the province recognized at the fifth annual awards ceremony. HQC was nominated by the Saskatchewan Registered Nurses' Association.

The Council is the first agency of its kind in Canada. Since being established in 2002, it has led several activities that are improving the quality of care for Saskatchewan residents:

- Producing the first reports on the quality of care in Saskatchewan. HQC has looked at quality for post-heart attack care, drug management for seniors, asthma and diabetes management.
- Leading the first province-wide survey of hospital patients.
- Being the first province in Canada to bring the Cochrane Library free of charge to all citizens. The Cochrane Library is the world's best single-source of evidence about the effects of health care interventions.
- Organizing the largest quality improvement initiative in the province, the Saskatchewan Chronic Disease Management Collaborative. This project involves one-sixth of all family physicians and every health region in Saskatchewan.

Other initiatives on the horizon include a province-wide town hall meeting March 13 on public reporting about quality and safety in Saskatchewan's health care system, and a strategy for improving the way breast cancer patients move through the cancer care system.

HQC is an independent agency with a mandate to measure and report on health system performance and work with providers and managers to improve quality of care.

Upcoming Conferences and Educational Sessions

ECG Update

Saturday, April, 8, 2006

Moose Jaw Union Hospital
Moose Jaw, Saskatchewan

ECG Update is designed for health care professionals with solid basic ECG interpretation skills. This course will further develop these skills. Guest Faculty: Dr. Faith Ali, Cardiologist, Department of Medicine, University of Ottawa, The Ottawa Hospital, Ottawa, Ontario. *Early registration advised. Course limit of 50.*

Saskatchewan Association of Health Organizations

2006 Conference and Exhibits

Theme: *Taking Action ... Seeing Results 2006*
April 9-11, 2006

Queensbury Convention Centre
Regina Exhibition Park
Regina, Saskatchewan

Keynote Presentations:

- *A little less talk and a lot more action*
 - *Is Medicare delivering? The promise versus the reality*
 - *Preparing for an emergency: Are you ready?*
- For more information, call (306) 347-5512 or visit www.saho.org

Announcements

RQHR extends a warm welcome to the following new physicians who will be working in the Region beginning February, 2006:

Dr. Tanweer Ghumman, Department of Anesthesiology

Dr. Habib Rehman, Department of Medicine, Section of Internal Medicine

Dr. Jason Poon, Department of Obstetrics & Gynecology - Locum

Dr. Renatta Varma, Department of Surgery, Section of Ophthalmology,

and **Sheila Brown**, who has joined the Medical Administration Team as Coordinator of Physician Recruitment and Retention, effective January 3, 2006.