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**SPRING 2017** 

# Diagnosing and identifying stages of cancer get a big boost with new technology

Technology has the power to save lives and that is already evident with the use of The Moncton Hospital's new Endoscopic Ultrasound System (EUS).

Recently a 60-year-old woman was admitted to the facility with abdominal pain. A CT Scan (CatScan) was done, as well as an MRI as the physician worked to determine the cause. Both tests came back negative.

She was sent for an EUS to rule out gallstones. Instead, the technology determined there was a small tumor on her pancreas. The physician was able to obtain biopsies and discovered it was cancer.

Because it was caught quickly, the patient had the tumor surgically removed and is doing well.

It's just one example of the effectiveness of the new system, says Dr. Peter Lightfoot, gastroenterologist.

The \$350,000 piece of technology, which replaces an 11-year-old system, was made possible through a donation from the Friends of The Moncton Hospital Foundation. They had also purchased the earlier system.

"All I have are superlatives when I talk about the Foundation," says Lightfoot. "They, along with their donors, have been so incredibly supportive to the Gastrointestinal (GI) Unit ... it just blows me away the support they have given to me and my colleagues."

YOUR
GENEROSITY HAS
A HUGE IMPACT

Lightfoot said when the hospital originally started to use the equipment 11 years ago, they were the only facility east of Quebec to offer it. Now that technology is outdated and the new system is able to provide an even greater service to patients.

The equipment is not only effective in detecting cancers and determining the size and thickness of tumors. It also assists in assessing and diagnosing benign disease such as benign tumors, gallbladder and bile duct stones and inflammation, chronic pancreatitis, and many other non-cancer applications.

"It helps us to assess how advanced a cancer is and although the EUS procedure involves a scope in the gastrointestinal tract and allows exquisite assessment of that tract, the ultrasound also allows us to examine structures outside the tract such as biliary system, liver, spleen, pancreas, blood vessels, and lymph nodes for example. Actually, we can examine any structure that lies reasonably close to the upper or lower gastrointestinal tract."

"In fact, not only can we visualize these areas with extreme accuracy, but we can in the same examination biopsy them for more information, often in situations where non-EUS biopsies are impossible. In other words, it is



Dr. Peter Lightfoot, Gastroenterologist in the EUS procedure room

onestop-shopping in the extreme!"

Before the advent of this equipment, patients sometimes had to undergo exploratory surgery to determine the extent of their cancer. This new specialized procedure done with the equipment allows health professionals to determine the size and range of the tumor prior to surgery and to plan how surgery should proceed.

"It also helps us conclude whether or not surgery is an option," Lightfoot said. "It is very sensitive and very active in determining the thickness of the tumors."

Used in conjunction with more traditional technology such as external ultrasound from the skin level, CT scans, MRI scans and nuclear medicine studies, EUS adds immensely to the precision of the diagnosis of a large number of diseases in different body systems, both cancer and otherwise.

Patients who are referred for an EUS can be handled quickly. Depending on the urgency of their case, they might be done in a day or two, or at most, a week.

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The Moncton Hospital is the only facility within the Horizon Health Network to offer this technology. Last year they provided the service to 750 patients, but now that will be increased.

The time investment for patients having the EUS procedure at the outpatient unit is about two hours.

Under the old system, about four patients could be seen a day. With the new system, which has two scopes instead of one, that number would increase to about six, says Lightfoot.

"The scopes are not necessarily interchangeable," he explains. "They are different in how they work and have different purposes."

Lightfoot and Dr. Robert Berger handle the EUS at The Moncton Hospital. As well as treating patients from New Brunswick, a large proportion of their referral base is from Nova Scotia and Prince Edward Island.

The Dr. Georges-L-Dumont University Hospital Centre also has this equipment with Dr. Pierre Verger seeing patients there. Lightfoot said so much of the work they are able to do also depends on the support of pathologists and cytotechnicians whom he described as "fantastic folks."

"We take a team approach, working closely with oncologists, other gastroenterologists, surgeons of many specialties, and family doctors. This improves the efficiency and overall outcomes and necessary collaborate care of the patients we see."

# New fetal monitoring and data technology reduces risks and can save lives

#### When every second counts, decisions have to be made with the data on hand. Now new technology can make all the difference

In the blackness of the winter night, with icy roads and blowing snow to impede her, the pregnant woman reaches The Moncton Hospital.

She is 32 weeks along in her pregnancy, but she knows something is wrong. She is going into labor.

She is seen by a doctor and decisions have to be made in split seconds. She tells the doctor everything she knows about her pregnancy to date, but her detailed health records are still in the office of her obstetrician/gynecologist.

The doctor on call has to make the decision based on the information at hand. There may be a detail about the pregnancy he should know, but her file can't be accessed instantly, and time is running out.

In January, the hospital implemented a new Fetal Monitoring and Data Technology system that has changed all that.

The modern technology, which came with a price tag of \$290,000, was purchased with money provided by the Friends of The Moncton Hospital Foundation and their donors.

Among other things, the new system means that the mother's and baby's records throughout the pregnancy and post-pregnancy process will be stored and accessed electronically. Prior to that, most of the records were done by hand and stayed in the offices of their obstetricians/gyne-cologists until about 36 weeks into the pregnancy.

In emergencies when seconds count, the electronic records can be accessed by doctors and nurses, making the process of giving birth "a whole lot safer," says Dr. Ken Gillespie, obstetrician/gynecologist at The Moncton Hospital.

Considering that The Moncton Hospital welcomes more than 1,335 newborns each year on average, the impact of the new system is far-reaching.

Essentially the system monitors the baby and mother as they go through the prenatal, labor and birth process. At any moment in time, it provides up-to-the-minute crucial information on the condition of the mother and the baby.

"It is a crucial decision support tool for the doctors and nurses who have to act quickly if there are sudden changes in vital signs or other crisis situations," says Gillespie, adding that it definitely has the potential to save lives.

The Fetal Monitoring and Data Technology Program monitors the baby's heart rate, sex, birth weight and measurements, the type of delivery and the baby's history and newborn screening.

"It really streamlines the nursing side of things too, freeing them up to care for the patient instead of having to manually record all this data," adds Gillespie.

The readily available data will do more than improve care as well. It also provides information for comparison against a woman's future pregnancies.

Gillespie says so far the new system is going very well, with the staff now trained and up to speed with it.

He notes that it is also useful because it records anti-partum information and data collected at all hospital visits, essential to providing continuing and consistent care to the baby.

The new technology is also in place in



Dr. Ken Gillespie, Obstetrician/Gynecologist and Rita Doiron MacAleese, Clinical Resource Nurse in Labour and Delivery review a baby's fetal heart rate using the new technology

Miramichi. Fredericton does not have it, while Saint John has just the fetal monitoring component, not the data portion.

It would not have come to The Moncton Hospital at this time without the efforts of the Friends of The Moncton Hospital Foundation, Gillespie adds.

The Foundation, supported with donations from local residents, has done a great service to reduce risk and save lives, he says.

"Obviously money is tight on the provincial side and we are a poor province. Our ability to provide funding for new technology is limited. This is an example of a very important addition to the hospital in terms of reducing risk and saving lives being added because of donor generosity. We wouldn't have been able to get this without them. We are pleased that they supported this program.

"It moves us closer to a goal of one patient, one chart," he adds.

# **ALL IN THE FAMILY – GRATEFUL FOR GENERATIONS OF CARE**



Hudson with mom Ashley Carter, Michelle Hewitson and Brandon Carter

Michelle Hewitson's appreciation for The Moncton Hospital runs deep. A daughter, mom and grandmother, she has seen four generations of her family cared for here and for that she is forever grateful. Her dad, James, spent his final days at TMH before passing away in 2011 at the age of 83. "From the moment he came in through Emerg until his last breath in Palliative Care, the staff was nothing short of amazing," says Michelle. Twenty-four year old son, Brandon, almost died from whooping cough when he was a baby. Michelle credits his survival to the aggressive treatment and outstanding care he received for many months. The TMH maternal fetal care team followed daughter

Ashley's difficult pregnancies.

"I can't say enough about how they prepared Ashley for her challenging births," Michelle offers. Now three-year old grandson Hudson, born prematurely, remains under careful watch as he continues to face health issues.

"No words can express how indebted I feel to the TMH and their professional, compassionate staff for what they have done for me and my family. Both my children were born and treated here, my father passed here, and now my grandchildren are being treated here. TMH has always been here for us and I encourage everyone to donate to the Friends so that the medical staff have the tools needed to treat and care for our loved ones."



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We would love to hear your comments and suggestions. Call or write **Julie Thébeau** at 870.2699 or Julie.Thebeau@HorizonNB.ca

### **On the Road Again for Cancer Care**



2016 cyclists Dr. Tooraj Shakerinia and Dr. Paul Goobie from TMH; Jim Currie, Janssen Pharmaceuticals; Rita Harb; and Verity Dixon, Amgen. Cyclists not pictured here: Adam Johnstone, Amgen; Susanne Townsend, Astellas.

The 3rd Annual NB Doctors Cycling Against Cancer is set for the week of June 19th. This physician-led fundraiser sees cyclists start in Moncton and complete a 500 kilometre route in 5 days through Miramichi, Fredericton and finishing back at the clinic. Organisers will build on the success of last year's \$47,000 which goes directly to the Sheldon H. Rubin Oncology Clinic. If interested in joining the core group of cyclists for the first day, or to donate, please contact Katherine Robertson at 870-2447.

### Why We Give

Lifelong Moncton residents Kathleen (Kay) and Ken Letterick, have been loyal donors to the Friends since 1987. It gives the couple, who have been married for 62 years, great joy to give what they can each month to help the Foundation purchase much needed equipment to strengthen patient care. Kathleen worked for physicians for many years and knows first-hand the importance of modern technology for better

patient care. She also experienced great care as a patient herself, "I have received wonderful care, they couldn't do enough for me." Kathleen recently made a Hospital Hero donation which honoured LPN Evan

"The Friends Foundation has always been our charity of choice"

Beckwith, who she says went above and beyond to make her comfortable. The

Letterick's also plan on leaving a gift to the hospital in their will. *Thank you Kathleen and Ken for your generosity!* 



Kathleen and Ken Letterick



People of The Moncton Hospital
Annual Campaign 2016–2017

# Campagne annuelle Portraits de l'Hôpital de Moncton 2016-2017

### \$1.1 MILLION GOAL

The Friends aim to raise \$1.1 million for the purchase of leading edge instruments and video technology for the Minimally Invasive Surgical Suites, computer navigation equipment to enhance knee surgeries, a high-tech system for evaluating and diagnosing esophageal problems and a digital marking system to improve cataract surgery. These technological advancements

will greatly improve the medical team's ability to deliver healthcare excellence and hasten patient recovery for general, urology, thoracic and orthopedic surgeries, as well as in the Endoscopy (gastrointestinal) and Ophthalmology (eye) Clinics.

RIGHT NOW, WE NEED YOUR DONATION.



## **Swing Into Spring Gala featuring Signal Hill**

**Saturday, May 13** at Casino NB Tickets: \$200 Contact **Marianne 860.2374** 

#### **NB Docs Cycling Against Cancer**

Week of June 19th Contact Katherine 870.2447

## Taylor Ford Hit It Fore Health Golf Tournament

Wednesday, September 13th, 12PM Royal Oaks (\$350 a player/\$1,750 team of 5) Contact Julie 870.2699

To view a complete list of events, visit www.FriendsFoundation.ca/Events









Send or drop off completed form to: Friends of The Moncton Hospital Foundation, 135 MacBeath Ave., Moncton, NB E1C 6Z8

OR

donate online.

**DONATION FORM** 

## Yes, I want to touch lives



# and enhance patient care



Tel: 506.857.5488 friendsfoundation.ca/donate

Expiry Date (month/year):

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