



**ANNUAL CAMPAIGN  
2016-2017**

Our healthcare teams at The Moncton Hospital save lives - every single day.

That's true.

**But, even more often,  
they enhance and  
improve lives.**

Compromised health can have a profound effect on your enjoyment and quality of life. Chances are that someday you or someone you care about will need surgery to treat health concerns ranging from gall bladder removal to having a cancerous growth removed.



We all know that the smallest contribution to your care can make a big impact on you, whether it be a smile from a stranger, an unexpected kindness, or the comfort that comes from knowing your healthcare team has access to the latest in medical technology.

**And just as important, is realizing that you can  
receive this care right here, in your community,  
in your own hospital.**

This year, the Friends of The Moncton Hospital aims to raise \$1.1 million dollars for the purchase of leading-edge instruments and video technology for our 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 instruments are among the most commonly and widely used in our hospital, and will make the world of difference to someone who needs them.**

## When You Need Surgery

Surgeons at The Moncton Hospital perform about 10,000 operations per year on patients of all ages ranging from putting tubes in ears, removing tonsils, to complicated brain surgery. About 20 percent of these are done using minimally invasive surgical techniques.

**Minimally Invasive Surgery (MIS) has revolutionized the way people think about surgery.**

These procedures, which use tiny telescopic cameras, scopes and instruments, minimize surgical incisions to reduce trauma to the body.

**While availability of this specialised equipment is limited in New Brunswick, The Moncton Hospital is fortunate to have two MIS surgical suites, which were made**

**possible through donor generosity to a previous campaign. This campaign aims to replace the now aging MIS equipment in these suites.**

For the patient, minimally invasive surgery means less overall trauma and anxiety, less time under anesthetic, less blood loss, less risk of infection and other complications, fewer sutures (stitches), faster recovery time, and much less discomfort and scarring than with conventional surgery.

The Moncton Hospital's Thoracic (esophagus, chest, lungs), Urology (urinary tract and reproductive organs) and General Surgery programs perform procedures such as removing kidney stones, appendixes, gallbladders, bowel resections, hernia

repairs, and lung and chest surgeries (often removing cancerous growths)— on over 500 patients a year.

In recent years, thoracic and urology surgeries have been complicated by equipment issues with excessive fogging and loss of image. Such obstacles prolong the surgical time (patient remains under anesthesia longer), and can result in a backlog of cancelled or rescheduled procedures, additional staffing costs, and lengthier delays for patients awaiting surgery.

**This aging equipment must be replaced as soon as possible.**

Stephanie Thorne had lived with psoriasis for years. As it progressed her family doctor referred her to Dermatologist, Dr. Eva Coulibaly. They discussed treatment options and agreed to try Methotrexate, a chemotherapy agent and immune system suppressant used to treat different diseases, including autoimmune diseases like psoriasis.

On February 10th, 2016, Stephanie had a routine chest X-ray and blood work that were required before taking this drug. A week later her dermatologist called her at home and told her that they could not start on this prescription yet as her examination revealed a shadow on her lung. Further testing would be necessary. "I immediately had that gut feeling that it wasn't good," and went down to my bedroom and cried.

Three weeks later, on a Thursday morning, Stephanie had a CT scan (X-ray images that provide more detailed information than basic X-rays do). The following Monday morning her family Doctor, Dr. Morton, called her at home and validated her suspicion that this wasn't great news. He told her that there was "something" there but it was very small and he was quite amazed that it was even picked up in the original X-ray. "It is hard to describe that sinking feeling in your stomach, but fear and shock were a big part of it," she said.

Things moved quickly after that. The following week Stephanie was referred to Dr. Paul Dubois, Thoracic Surgeon at The Moncton Hospital, who specializes in lung surgery. Within two weeks she had a full Pet/CT-scan (an imaging test to check for diseases in your body), pulmonary function tests (that measures how well your lungs work), and a biopsy (they took nine samples to test).

Two weeks later the results confirmed that Stephanie had lung cancer. The good news was that it appeared to be nowhere else in her body.

Stephanie had surgery on June 21st, 2016. Dr. Dubois removed 1/3 of her left lung by VATS (Video Assisted Thoracic Surgery), a minimally invasive technique. (Patients tend to have quicker recovery times and less discomfort than with conventional surgery — all with the same benefits). She was in the Sharon Harrison ICU at The Moncton Hospital for only five days. "The X-ray techs, radiologist and nurses who cared for me in the hospital and the ICU were beyond wonderful, I couldn't have asked for better care." Because the lymph nodes showed no signs of cancer, Stephanie didn't even require chemotherapy. Stephanie and her husband, Brent, have been together for 18 years. They own and operate a dairy farm in Kinnear Settlement. Ten days after her surgery, Stephanie was picking strawberries and 4 weeks later she was back to milking and feeding their cows and calves.

Stephanie cried every day for the first month. "The unknown is a very scary place to be. The entire experience was definitely harder on me emotionally than physically."

Video-assisted thoracoscopic surgery (VATS) has undergone significant evolution over the last few years. In fact The Moncton Hospital did the very first VATS lung resection in the Maritimes in January, 2009. It is time to replace equipment that is becoming worn out and outdated. The technology continues to evolve making the operation safer, easier and less invasive.

*Dr. Paul Dubois, Thoracic Surgeon, TMH*

"Nobody wants to hear they have lung cancer, or any cancer. Your world changes when you hear the big "C" word. I truly believe that early detection saved my life. I consider my dermatologist my guardian angel, and Dr. Dubois, my savior," declares Stephanie.

Stephanie will have a check-up every three months for the next two years, with routine check-ups after that. There is a 10 -15% chance that cancer will return but Stephanie says she can live with those odds. In the meantime, she and her husband will continue to enjoy living their dream of running their own dairy farm.

## Portable Video-Assisted Surgical Technology

This portion of our campaign will fund several systems for The Moncton Hospital's General, Gynecology, ENT (Ear, Nose & Throat) and Orthopedic surgery divisions. These divisions perform minimally invasive surgery (MIS) on approximately 1,000 patients each year.

**This portable video-assisted surgical equipment is used for both diagnosing problems and performing surgical repairs on shoulders, hips, knees, sinuses, reproductive organs (hysterectomies and tying fallopian tubes), and removal of kidney stones, among others.**

Our surgeons have expressed concern over the state and picture quality of the existing equipment. The scopes, cameras and associated video components are becoming obsolete and need replacing. The enhanced digital technology will provide a clear, magnified view of the procedures for the surgical team and the portability of the equipment will mean it can also be shared with other surgical suites.

**Failure to replace this equipment will result in significant downtime for the suites, and delays for patients awaiting diagnoses and surgery.**

## Computer Navigation System for Knee Replacement

Total knee replacement is one of the most successful procedures in orthopedic medicine, enabling most people to live richer, more active, pain-free lives.

**The system currently in use is a decade old, and must be replaced. We can upgrade our outdated computer-assisted knee replacement equipment to take advantage of the next evolution in software and hardware, allowing surgeons to simplify and customize knee alignment.**

Here in **New Brunswick**, we have a significant population over the age of 65 needing the surgery, plus we've also witnessed the demand grow exponentially in middle-aged and obese persons. In other words, we are doing more knee replacements than ever before on a younger population. This affects a patient's work and family life, as well as their expectation for mobility as they age.

Although there are several conditions which may lead to the need for knee replacement, arthritis is the most common reason. A number of other factors contribute to joint disease including genetics, developmental abnormalities, repetitive injuries and obesity.

Performing a total knee replacement using this sophisticated navigation system gives me the ability to accurately achieve target alignment which increases my confidence that patients will get better results giving them ability to enjoy a more active lifestyle with less pain.

*Dr. Will Allanach,  
Orthopedic Surgeon & Chief of  
the Orthopedic Department*

**In the past ten years, approximately 40% of knee replacement surgeries (approximately 200 patients annually) at The Moncton Hospital have been aided by the use of a computer navigation system. Our surgeons are convinced it leads to improved patient outcomes, and reduces the requirement for revision surgery.**

Revision surgery is a second occurrence of knee replacement surgery on the same patient, usually due to poor alignment of the knee joint, or other complications. It is a longer, more complex procedure than the original replacement which often results in longer hospital stays and recovery periods and possible reduced mobility. The more we can do to reduce the need for revision surgery, the better for both the patient (their ability to regain mobility), and the healthcare system.

**Think about the astounding level of computer advancements you've witnessed in your own life during the past decade. It is no different for medical equipment.**

A new computer navigation system will enable greater precision in the alignment of the artificial knee joint, and also prove beneficial during more complex orthopedic surgeries when plates, rods and screws are necessary to repair femur or tibia bones in the thigh or shin. The improved data collection, research and reporting capabilities of the system will also aid in future research.

## Esophageal Motility System

When it works well, the act of eating is a pleasure (and a necessity) we often give little attention. But for people who have difficulty swallowing, or who suffer acid reflux or heartburn, eating can be an uncomfortable and difficult chore.

An esophageal motility test measures the strength and coordination of the esophagus, which moves food from your mouth to your stomach. It can assess patients experiencing swallowing disorders, provide pre-operative evaluations to determine if surgery is necessary, and rule out digestive causes when investigating undetermined chest pain.

**Each year, physicians at The Moncton Hospital typically refer about 100-130 patients for this procedure, which is performed with leased equipment that is seriously out-of-date. Some parts are difficult to obtain resulting in delays in assessment, diagnosis and treatment, leaving patients with few options for relief.**

If the current device ceases to function, before a new system can be purchased, physicians will have no choice but to refer patients to Saint John or Fredericton hospitals to have the procedure done, meaning delayed treatment and the hardship of travel costs for the patient.

**Esophageal motility disorders encompass a broad class of diseases. Symptoms are quite variable, and can manifest as the sensation of food sticking, regurgitation or chest pain. These disorders are notoriously difficult to assess on the basis of symptoms, and precise, reliable testing is critical to make the correct diagnosis.**

*Dr. Robert Berger, Gastroenterologist,  
Chief of Gastroenterology*

## Digital Marking System to Improve Cataract Surgery

Like our ability to eat, our eyes are also taken for granted until our sight is diminished. As we age, the lens in our eye may become cloudy. This is called a cataract. Cataracts can be corrected by replacing the cloudy lens with an artificial lens, resulting in clear vision for the patient once more. This is a common procedure, which takes about 15 minutes. Physicians at The Moncton Hospital perform up to 1700 cataract surgeries a year.

**Approximately 400 of these cataract patients also have an eye condition called an astigmatism, (a curvature of the eye lens causing even further distortion and blurring of the vision) and choose to have a specialized toric lens that will correct both the cataract and the astigmatism at the same time.**

The insertion of a specialized toric lens requires careful measurement by the surgeon. Right now, the surgeon does this manually using a measuring instrument and an ink marker. Markings must be exact to provide optimum visual outcomes for the patient, but they are subject to human error. The Moncton Hospital needs this digital cutting-edge technology to reduce—and in most cases eliminate—the margin for error with a computer-assisted toric marking system that communicates precise measurements to the microscope used during the procedure, reducing time involvement and increasing vision sharpness and clarity for the patient.

**The digital marking system will definitely improve the precision of our toric lens placement during cataract surgery on those patients with an astigmatism, optimizing patient outcomes with improved vision.**

*Dr. Gilles Cormier, Ophthalmologist*

Shirley Storozuk was considered legally blind without her glasses. She had worn glasses for over 50 years (since she was ten years old). Just a few months ago, she put them away for good!

When Shirley was in her 30's, she woke up one morning and couldn't see from the corner of her eye which resulted in emergency surgery to repair BOTH eyes; her right eye had a detached retina and her left eye had a tear in the retina that was lasered and reattached with a silicone ring. To this day she doesn't know what caused this to happen.

Fast forward to the summer of 2016 when she met with Dr. Julien Saad, Ophthalmologist at The Moncton Hospital. She appealed to him for contacts only to discover she qualified for cataract surgery which she was excited about. Her fear was that he would tell her she couldn't have the surgery because of her previous surgery, years ago. Dr. Saad assured her that she could but there would be a slightly higher chance (5% vs. 1%) that it might result in another detached retina. Also, because she had an astigmatism, she would need specialty lenses. Toric lenses are necessary to correct astigmatism, a curvature of the cornea in the eye, to improve visual acuity post-surgery.

She also had another request. She wanted one eye corrected to see far and the other to see close up. She had contacts years before that accommodated this and hoped she could have the same outcome with the surgery so that she would not need reading glasses. Becoming “unbalanced” was a big risk with this so Dr. Saad prescribed contacts to wear for two weeks to see if it would be an option for her. Luckily she wore them with no balancing issues and the surgery was a go. She had her right eye operated on July 21st with huge success, followed by her left eye on August 10th. She was a little nervous about the outcome of her left eye due to the permanent silicone piece in it, but was delighted to come through the surgery with flying colours, “I was thrilled to realize that I could immediately see perfectly. There was no gradual progression, it was instant!”

Shirley followed the proper protocol of wearing dark glasses, routine eye drops and not moving her head around greatly for the first week after each surgery. Today she is happy to report that there were absolutely no complications. (She was nervous as both her mother and sister had experienced infections after their cataract surgeries elsewhere in Canada). “Having a husband in the military, we have lived in many different places and experienced a lot of medical facilities across the country. The health care I received from The Moncton Hospital has been by far, the very best!”

Shirley laughs, “I still get up every morning and look for my glasses. And the other day I looked at my wall and discovered that I really DO like that paint colour. The funniest of all though was realizing that the buttons on the remote control were white, not yellow (which she attributed to her tinted glasses as well as the cataracts as they built up) - who knew?!”



Your contribution towards this equipment, will not only help The Moncton Hospital’s ophthalmology team improve the vision for patients after cataract surgery, but will also help them better align their services with those offered at other Atlantic Canadian hospitals.

## You Can Help Enhance Lives

None of us want to be held back from enjoying all that life has to offer. When our physicians have access to the latest technological breakthroughs, it can mean a quick and successful procedure, and a faster recovery time for each of us and the people we care about.

**It is imperative that we keep moving and improving.**

*Together, we can touch the lives of many – whether patients are facing an urgent need, a devastating disease or seeking to improve their quality of life. Your donation today will help us return thousands of individuals each year back into the mainstream of life.*

Sincerely,



Linda Saunders, *Executive Director*

**PS.** When we can improve your healthcare experience and return you to the mainstream of life faster, we all benefit, don't we? Please help to make this possible for you, for your loved ones, for every person in the community by making your contribution today.



135 MacBeath Avenue | Moncton, NB E1C 6Z8  
Tel: (506) 857-5488 | Fax: (506) 857-5753  
[www.friendsfoundation.ca](http://www.friendsfoundation.ca) | [friends@horizonnb.ca](mailto:friends@horizonnb.ca)