

CIRRICULUM VITAE

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EDUCATION

Undergraduate Education

M.B.B.S. 1980 – University of Melbourne

Austin and Repatriation Medical School

Postgraduate Training

1981 - Internship Repatriation and General Hospital Heidelberg

1982 - Rotating residency program

Mercy Hospital for Women, training in Obstetrics and Gynaecology:

1983-1987 included surgical experience at The Austin Hospital and the Repatriation and General Hospital Heidelberg.

M.R.A.C.O.G. 9/5/87

1987 – 1988

June 87 to Dec 88

The Regional Maternity Hospital and the Regional General Hospital Limerick, Republic of Ireland.

Senior Registrar Obstetrics & Gynaecology

Responsibility included 1 in 3 roster to manage 4000 deliveries and 1600 gynaecological admissions per year. Clinical Lecturing appointment to University of Cork Medical School. Locum consultant Mid-Western Health Authority and to private practitioners.

1989 – 1991 – Professional appointments

Clinical Lecturer, Department of O & G, University of Queensland, initially as senior registrar then as consultant visiting 1) Mater Mother's Hospital with weekly Ultrasound scanning sessions, supervision and teaching medical students and junior medical staff joint management of the high medical obstetric clinic 2) Princess Alexandra Hospital weekly Gynaecological theatre and outpatient sessions including teaching medical students 3) Queen Elizabeth II Jubilee Hospital university obstetric care unit

1991 – 2000 Visiting Gynaecologist Redlands Public Hospital Cleveland

1991 – 2000 Public Visiting Medical Officer (Gynaecologist), Locum VMO Woolloongabba, Brisbane. Princess Alexandra Hospital. Private Obstetric and Gynaecological practice visiting a large number of hospitals – Mater Mother's & Mater Private Hospital, Sunnybank Private Hospital, 1996 Chairman Department of Gynaecology Greenslopes Private Hospital.

2000 – Present Private Obstetric and Gynaecologist visiting Mater Private Hospital, Mater Private Hospital Redlands, Greenslopes Private Hospital, Sunnybank Private Hospital.

Mercy Maternity Hospitals Triennial clinical reports – 2 chapters 1981 - 1983

Single intrauterine foetal death in a suspected monozygotic twin pregnancy. Aust NZ Obstet Gynaecol 30:137 – 140. 1990

Australian Family Physician Feb 94: Ectopic Pregnancies

Australian Family Physician 1995 : Gynaecologist Emergencies

Pregnancy Hazards associated with Low Maternal Body Mass Indices.
Aust. NZ J Obstetric + Gynaecology. Feb 1993

1991 – 2000

Professional Affiliations

AMAQ

Australian Gynaecological Endoscopy Society

Australian Society of Colposcopy and Cervical pathology

Presentations and Lectures

I regularly do presentations and lectures to fellow professionals, medical students and non-professional organizations. If you would like Dr Cattnach to come and do a lecture or presentation to a group, please do not hesitate to ask.

Continuing Medical Education

Dr Cattnach is involved with CME in his own specialty and assists other colleagues with CME and professional development whenever asked.

OUR PRACTICE

Office Procedures:

- Colposcopy and biopsy
- LLETZ and radical cervical diathermy
- Cervical polypectomy
- Transabdominal and transvaginal ultrasound
- Intrauterine Procedures
- Insertion of hormone implants
- Vulval biopsy

Standards – All reusable instruments sterilized under guidelines of Australian Standard (Please see outlined below)

Privacy policy established (Please see outlined below)

PRIVACY POLICY

Privacy of your information is extremely important to us. We need to collect personal information from our patients for the purpose of providing health care services. This is essential to obtain other health care services such as pathology, radiology, hospital admissions and any relevant health care providers necessary for your care.

The confidentiality of personal information held at this practice has always been of paramount concern. The staff are aware of the importance of patient confidentiality. We will only use or disclose the personal information of our patients for the purpose of providing health services for limited related purposes, or where required to by law. Doctor Cattnach is a member of a medical defence organisation and may need to disclose some personal information to this organisation from time to time. In other situations we would not disclose your personal information without obtaining your consent.

We will endeavour to ensure that all personal information collected by this practice is accurate, complete and up to date.

If you wish to access your personal information held at this practice please ask my secretary. Should access be denied, a reason for this denial will be provided to you. For patients requesting access to pathology results by telephone, my secretary will ask for some identifying information to ensure this information is given only to the patient.

To ensure the security of personal information held in this practice all records are stored in closed filing cabinets unless they are required for updating of records (such as an appointed with Dr Cattnach). The premises is secured each evening and is monitored by security at the Mater Private Hospital. Information stored on computer is password protected and fire walled and only accessible by authorised staff in the practice.

This practice will only use the Medicare and private health insurance numbers collected from patients for the purpose of billing for medical services provided to its patients. Similarly we would not use or disclose any other government identifying number which you may give us.

Should it become necessary to transmit your personal information overseas we will endeavour to ensure that your personal information is adequately protected.

Should a patient wish to complain about our medical services or any other related matter they should be asked to contact my staff in the first instance. It is important to me that any complaint be acknowledged, investigated and responded to at the earliest convenience.

AUTOCLAVE PROCEDURE MANUAL

Written by Jennifer Short, 3rd April 2002.

Protocol for validation/revalidation as per AAPM Course 16th March 2002, presented by Dr Paul Hampshire QML.

“Validation of the sterilisation process is controlling a series of events from precleaning of instruments to storing the sterilised packs and all steps in between.” After validation one can be assured that the instrument packs are sterile and that weekly biological indicator testing is not required, providing that all steps and packs remain the same during the process for the next 12 months.

Validation shall be carried out at least annually or sooner if changes to equipment, changes to packaging material, contents of pack varies or load size changes. This shall be carried out by

an AGPAL accredited technician along with the yearly service. The technician shall calibrate all gauges (timer, temperature and steam pressure), check valves and seals, provide heat distribution map, determine penetration time and sign off documentation after testing and indicate date of next service in log book.

Biological indicator testing using QML bacillus impregnated vial, control vial and testing vials to be done after validation completed.

1. Cleaning of environment and workflow issues (dirty-clean) relevant to instrument reprocessing.

Sterilising room cleaned by Medical Premises Cleaning staff weekly. Dirty sink, stainless steel for cleaning instruments using Medizyme and use of corrosive solution Medac, to remove scale and rust from steriliser tray and autoclave reservoir. Porcelain sink used only for hand washing using Microshield handwash.

All used instruments are to be placed in green buckets with solution of 7 litres of H₂O + 42ml Medizyme. At the end of each patient session staff then bring bucket into sterilising room to commence cleaning process.

2. Precleaning and cleaning of instruments prior to sterilising.

Staff to wear gloves provided. Place disposable gloves on first, then washing up gloves. Treat these washing up gloves as a dirty instrument. When finished wash gloves and rinse them while still wearing them, then hang them up to dry.

Drain bucket into stainless sink. Dry bucket with Kleenex Teri Wipe.

For all instruments use green plastic scourer with 5mls Medizyme to scrub material from instrument.

Where there are grooves, as in sponge forceps, use black plastic handled universal cleaning brush to remove material from this area.

For LLETZ instruments with tubing, use a cytology brush to scrub inside tubes.

When cleaning LLETZ vacuum hose, let soak in Medizyme solution as above for ½ hour then clean parts with endobrushes and universal cleaning brush and rinse.

Biopsy forceps need to be taken apart before cleaning and universal cleaning brush to be used.

All instruments to be dried thoroughly using Kleenex Teri Wipe and placed on clean, dry Teri Wipe ready for packaging.

Scourer, universal cleaning brush and cytology brushes to be checked after each cleaning session and discarded once a week regardless of condition.

3. Packaging of instruments and pack details, loading and unloading steriliser, monitoring cycle parameters in steriliser log.

All clean dry instruments are to be placed into appropriate sized autoclave Medipacks with the tape inserted.

Sort packaged instruments into cycles with not more than 4 instruments per cycle.

Place one cycle information sticker onto each package with one instrument package containing two stickers (one is for the log book).

Record the cycle information in the log book.

Place Diagnostic Emulator strip on autoclave tray and instruments in toast rack for sterilising.

Fill chamber with 1 cup of H₂O from reservoir and place full tray into chamber.

Switch to sterilise.

When finished steriliser buzzer sounds. Switch to dry and vent by pulling lever down to dry position.

When dry cycle is complete buzzer sounds and steriliser switched to off position and chamber opened slightly to allow steam to escape before opening door completely.

Use lever device to remove tray from steriliser and place on side of stainless sink.

Check Diagnostic Emulator has turned from pink to green – this is a pass. Attach this strip into corresponding cycle in log book, along with the extra sticker from the package with two stickers and record information.

If Diagnostic Emulator does not change from pink to green the cycle has failed. This must be recorded overleaf to correspond with cycle information and repeat sterilisation process.

4. Storage of sterile items

All speculums to be placed in drawer in procedure room.

LLETZ equipment to be placed in stainless cabinet in procedure room.

All other equipment to be stored in white plastic container on bench in procedure room with the lid on to prevent light/heat from penetrating sterile packages.

Handle these sterilised packages as carefully as possible to prevent the package from being damaged.

When Doctor uses sterile items, the sticker from the package needs to be placed into the patient's chart to enable tracking of instrument / patient / cycle.