



# Newsletter

### Welcome to Capital Specialist Centre's Quarterly Newsletter

Dear Colleagues,

Happy Spring 2025!

Welcome to the first edition of the Capital Specialist Centre Quarterly Newsletter — your source of updates, insights, and connection with our specialist team. At CSC, we pride ourselves on delivering expert care in specialist fields, including, obstetrics, gynaecology, urology, gastrointestinal & general surgery across the Greater Canberra region. In each issue, you'll find:

- Articles from our consultants: clinical updates, case studies, or emerging evidence that may be of interest in your practice
- Community updates: recent service developments, wait times, and any changes to referral pathways
- Opportunities to collaborate and feedback so we can better support patients together



### Meet Lauren! International Board Certified lactation consultant (IBCLC)

Lauren Szallasi is a registered nurse and lactation consultant working as CSC. Lauren works to support families in their feeding journeys with minimal intervention and a hands off approach. Lauren is passionate about helping women at any stage in their breastfeeding journey including seeing women antenatally.

Fees: \$280 per hour or part thereof Private health fund rebate applicable Accepting all new referrals

Wait time: Within I week

### **EVENTS**



# Pre-Pregnancy Education Session

We are pleased to invite the community to a free pre-pregnancy planning session hosted by our obstetricians and gynaecologists this November. This interactive group event will provide evidence-based information on preparing for a healthy pregnancy, including fertility awareness, nutrition, lifestyle factors, genetic screening options, and when to seek specialist care.

Attendees will have the opportunity to ask questions, learn practical tips, and gain clarity on steps they can take before conceiving. Our aim is to support women and couples in making informed decisions, improving pregnancy outcomes, and feeling confident as they begin their journey to parenthood.

- Date: Friday, 21 November 2025
- Time: 4:00-6:00pm
- Location: Suite 1, 175 Strickland Crescent, Deakin ACT
- Light refreshments will be provided
- Cost: complimentary

Places are limited! If you would like your patients to attend, please ask them to kindly rsvp with us.

https://pre-pregnancy.eventbrite.com.au





### LIVER LESIONS: TO BIOPSY OR NOT TO BIOPSY?

Est read time: 1-2 minutes

#### Do liver lesions need to be biopsied?

In most cases, the answer is no.

Most lesions can be diagnosed based on characteristic features seen on CT or MRI, as well as contrast enhancement patterns. As an example, most focal nodular hyperplasias (FNH) have a central stellate scar, and hepatocellular carcinomas (HCC) typically enhance during the arterial phase and wash out rapidly in the portovenous and delayed phases. Clinical history (such as cancer risk or previous malignancy) also helps with interpretation and diagnosis.

#### Why not biopsy?

- -Imaging is usually diagnostic
- -Biopsies are invasive and entails risks, including a small but significant risk of tumour seeding
- -Result rarely changes management and may delay treatment

#### When is a biopsy indicated?

Decisions about biopsies are typically made within a multidisciplinary team (MDT) setting: <a href="Indeterminate lesions">-Indeterminate lesions</a>. Even in these cases, an excisional biopsy (i.e., a minor liver resection) may be preferred if the lesion is easily resectable. However, if surgery entails resecting a significant volume of liver, confirmation that the lesion is malignant or has malignant potential is usually warranted to justify the risk <a href="Non-surgical candidates">-Non-surgical candidates</a> where histopathology would guide systemic treatment

## What investigations should be done prior to referral?

- -Routine bloods
- -Tumour markers: AFP, CA-19.9, CEA, CA-125 especially for solid lesions
- -Hydatid serology if history of exposure
- -Assessment for chronic liver disease (history +/-serology)
- -CT abdomen with contrast (preferably triple phase)
- -Optional: MRI with hepatocyte-specific contrast (Primovist) \*only rebatable if ordered by a specialist\*

#### Key takeaways

- -Refer early
- -Basic tests are often sufficient
- -Do not default to biopsy
- -Call if concerned

A/Prof. Christopher Lim

Dr Chris Lim

HEPATOPANCREATOBILIARY (HPB), UPPER GASTROINTESTINAL & GENERAL SURGEON

MBBS, BSc (Med), MRCS (Edin), AFHEA, MS, FRACS

### Current Specialists, Services & Wait times

### A/Prof Chris Lim

## Dr Sean Heywood

### Lauren Szallasi

#### Wait time: 2-4 weeks. Urgent & Cancer referrals within 1 week

Hepatopancreatobiliary (HPB), Upper Gastrointestinal and General Surgeon

Areas of Interest: benign & oncological surgery of the liver, pancreas & biliary system, stomach & oesophageal cancers, hiatus hernias, endoscopy

Consulting: CSC Deakin & Bruce

#### Wait time: 2-4 weeks. Urgent & Cancer referrals within 1 week

Urologist & Urological Surgeon Areas of Interest: General urology, Uro-Oncology, Robotic Surgery, Complex Stone Treatment, BPH Management.

Consulting: CSC Deakin & Bruce

#### Waiting time: 1 week

Registered Nurse & Lacation Consultant (IBCLC)

Antenatal & Postnatal appointments accepted

Consulting: CSC Deakin

### Dr Natalie De Cure Dr Toni Tse

#### Wait time: 4-6 weeks. Urgent referrals prioritized

Obstetrician & Gynaecologist

Consulting: CSC Deakin

#### Wait time: 4-6 weeks. Urgent referrals prioritized

Obstetrician & Gynaecologist

Consulting: CSC Deakin

#### Dr Danica Vress

#### Wait time: 4-6 weeks. Urgent referrals prioritized

Obstetrician & Gynaecologist

Consulting: CSC Deakin

### Dr Alisha Azmir

#### Wait time: >12 Months Currently not accepting new patients, as will be excitedly beginning maternity leave shortly!

General & Colorectal Surgeon

Consulting: CSC Bruce

### Dr Roberto Orefice Dr Ken Tan

#### Wait time: 4 weeks

Obstetrician & Sonologist

Consulting: CSC Deakin

Wait time: 4 weeks

Obstetrician & Sonologist

Consulting: Ken Tan Obstetric Care

### Contact Us & Referral Pathways

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