

THE Inside Story

Gasp... the future!

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Gastrolab Hydrogen Methane Breath Test

Carbohydrate malabsorption is the inability to absorb certain sugars across the gastrointestinal tract. Many patients with functional gut disorders are unaware of the relationship between diet and the gastrointestinal symptoms they present.

[Read more ▶](#)

Gastrolab Hydrogen Breath Test

(cont'd from front cover)

Patients with chronic symptoms may regard their condition as normal and may not be aware that their symptoms can be effectively managed following a proper diagnosis.

Malabsorption of lactose (present in milk and dairy products), fructose (present in all fruits, some vegetables and wheat products), sucrose (table sugar) and sorbitol (an artificial sweetener) are common dietary triggers for symptoms such as abdominal bloating and pain, flatulence, and altered bowel movements (diarrhoea and constipation).

Hydrogen breath tests are specific and sensitive diagnostic tests that can be used to either confirm or eliminate the possibility of carbohydrate malabsorption.

Patients with the above symptoms, or with a medical diagnosis of Irritable Bowel Syndrome (IBS) or Coeliac Disease, may have undiagnosed carbohydrate malabsorption. Patients with Inflammatory Bowel Disease (especially Crohn's Disease) or a family history of malabsorption are at a higher risk of malabsorption. In addition, certain ethnic groups, predominantly Asians, Africans, Hispanics and Southern Europeans, have a higher prevalence rate of lactose malabsorption (commonly referred to as lactose intolerance) due to a deficiency or absence of

the enzyme lactase for the digestion of lactose.

A proper diagnosis of malabsorption is important because it allows for dietary management to control symptoms. It is also more accurate than an elimination diet, where the suspected food is reduced in the diet.

Hydrogen breath tests have been the preferred test of choice for over 30 years for doctors and patients because they are a reliable, non-invasive test that is safe in children, pregnancy and diabetics. The simple test procedure involves the patient

breathing into a portable hydrogen analyser to establish a baseline reading, then drinking a sugar solution, after which subsequent breath samples are collected at 30 minute intervals.

Gastrolab are specialists in hydrogen breath tests with clinics in VIC, NSW and ACT. Gastrolab now provides a local hydrogen breath diagnostic service at CDD to assess the following: carbohydrate malabsorption, small bowel bacterial overgrowth, oro-caecal intestinal transit time, and intestinal malabsorption deficiencies (eg. Coeliac Disease).



Dr Paul Froomes

(BMedSci MBBS FRACP MD) graduated from Monash University and undertook gastroenterology training at the Austin Hospital in Melbourne.

He completed his Masters degree in hepatology at the Austin Hospital and has undergone further study in advanced endoscopic techniques in NSW and GI physiology in SA.



Dr Adam Testro

(MBBS FRACP PhD) is a graduate of The University of Melbourne and completed his gastroenterology training at the Austin Hospital, Melbourne, where he now works as a staff specialist. He has completed a PhD in liver transplantation immunology and has undertaken further training in intestinal failure and intestinal transplantation at the Thomas E Starzl Transplantation Institute, University of Pittsburgh Medical Center.



Both Dr Froomes and Dr Testro are Consultant Gastroenterologists with an interest in Liver Disease, Inflammatory Bowel Disease and functional gut disorders. Hydrogen breath tests are now being performed at CDD. Appointments can be made by calling 1300 624 771 No referral required.

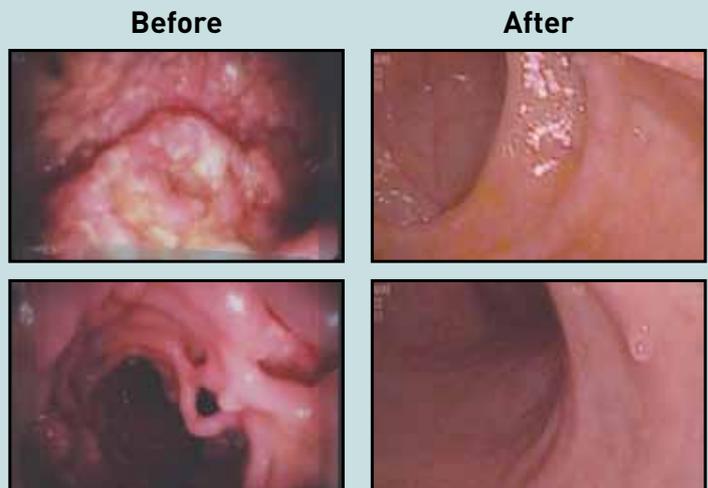
Inflammatory Bowel Disease

Conditions other than Clostridium difficile that have been treated with Human Probiotic Infusion (HPI). We present here the results of the patient who was treated with recurrent or, what we now call "pulsed therapy" HPI where weekly infusions were continued after a set of 10 infusions.

We now know that HPI of uncultured bacteria actually implants durably into the bowel. This has recently been confirmed by two Papers in the Journal of Clinical

Gastroenterology. This patient had 10 days of infusions in an uncontrollable Colitis situation and after 20 consecutive infusions the following two photos done as before and after tell the story.

The results speak for themselves. Off medications, one to two formed stools per day without blood or urgency. This indicates to us that Colitis is driven by some form of an infective agent which has been elusive and difficult to detect.



Before and After Human Probiotic Infusion

Faecal Transplants USA

Human probiotic infusions (HPI) are very successful in curing *Clostridium difficile*. There is no other therapy including metronidazole, vancomycin or intravenous anti C.

difficile antibodies which can match the 95% or more complete cure of C. *difficile* by infusion of homogenised human flora into the bowel. Two new clinics have opened in the USA doing HPIs for *Clostridium difficile*.

The Centre for Digestive Diseases received numerous requests to help doctors set up HPI transplant clinics given the epidemic that is sweeping America killing a reported 300

patients per day directly by the infection alone. CDD has written, upon request, an article in 'UpToDate Journal' teaching Gastroenterologists how to carry out this very simple therapy which

Newsflash: CDD leads the world in Gastroenterology!

saves lives. Dozens of clinics in the United States now practice the therapy and it has become a mainstream treatment – a therapy originally only carried out by the CDD clinic in Australia. Yet another example of CDD leading Australian Gastroenterology and the world in the development of effective therapies for its patients.

Haemorrhoids

Presumed Bleeding from Haemorrhoids Ain't Always Haemorrhoids

Bleeding is the most common sign of haemorrhoids and patients are frequently referred to the Centre for Digestive Diseases (CDD) for investigation and treatment. However, whilst in a majority of cases haemorrhoids are the likely cause of unexpected bleeding, sometimes the bleeding may often be a sign of a more serious condition. Cancers of the rectum and lower bowel as well as polyps can sometimes be mistaken for haemorrhoids. There have also been numerous situations where investigation has shown that the cause of the bleeding is a combination of haemorrhoids and an underlying carcinoma of the rectum. It is important that patients have any unexplained bleeding investigated to exclude more serious conditions. ■

Oxfam Trailwalker

CDD's Team 37 needs your support

Dr Warwick Adams and Julie Baker of CDD are the "Inner City Wombats" and are Raising Funds for Oxfam Australia.

As part of a team of four, Warwick and Julie (Team 37) will be taking part in the challenging

overnight Oxfam Trailwalker, a 100 km endurance walk from Brooklyn on the Hawkesbury River to Mosman. Warwick and Julie aim to raise over \$10,000, with your support, for Oxfam Australia's charity work in

Australia and around the world.

You can visit the Oxfam website to learn more about Oxfam. To offer your support to help reach their target type in either Warwick Adams or Julie Baker in the 'walker' section or 37 in the 'team' section.



<http://www2.oxfam.org.au/trailwalker/sydney/find/>

27-29 August 2010

Tapeworm Rare Infection

This patient presented as a young man passing small amounts of tissue that the patient described as "worms". In any such situation the doctor would seek confirmation and so the patient underwent colonoscopy.

Nothing was seen in the colon, however upon reaching the terminal ileum, the small bowel was seen to be filled with "fettuccine-like" moving worms.



A worm sample measuring 1 metre long was collected and sent for confirmation of tapeworm infection. The patient was effectively treated with anti-tapeworm medications.

The Message

Listen to your patients, they know their own bodies.

your team

- **Prof Thomas Borody** is the founder and Medical Director of CDD (1984). He graduated with honours in Medicine from the UNSW. He is a Fellow of the Royal Australian College of Physicians, Fellow of American College of Gastroenterology and Fellow of American College of Physicians
- **Dr Antony Wettstein** is a graduate with Honours from the University of NSW. He is a Fellow of the Royal Australian College of Physicians
- **Dr Simon Benstock** is a graduate in Medicine from the University of NSW. He is a Fellow of the Royal Australian College of Physicians
- **Dr Warwick Adams** became a Fellow of the Royal Australian College of Surgeons in 1989. He completed his Master of Surgery Degree in 1995. He has been a specialist consultant in Colorectal Surgery since 1995
- **Dr Sanjay Ramrakha** is a staff specialist at RPA and Liverpool Hospitals. He graduated from UNSW in 1986 and is a fellow of the Royal College of General Practitioners and the Australasian College for Emergency Medicine
- **Dr John Saxon** graduated from the University of NSW in 1985 and has been the Senior Sedationist at CDD since 1995, with some 10,000 patients to date
- **Dr Andrew Finckh** is a senior staff specialist at St Vincent's Hospital, Sydney. He holds degrees in both Bachelor of Arts from Macquarie University and Medicine from the University of Sydney. He is a fellow of the Australasian College for Emergency Medicine
- **Dr Nisha Kendall** graduated from UNSW and became a Fellow of the Royal Australasian College of General Practitioners in 1997

On the Research Front

Millennium Trials

The CDD Research Department is currently recruiting patients with moderate to severe Ulcerative Colitis and Crohn's Disease for a clinical trial evaluating the effectiveness of a new gut-specific monoclonal antibody therapy.

The new therapy is aimed at being a safer alternative to the current monoclonal antibody therapies on the market, such

as Remicade, which suppress the patient's entire immune system leading to potentially dangerous infections and complications elsewhere in the body.

The investigational therapy aims to maintain therapeutic effectiveness by only suppressing the immune response in the gastrointestinal tract, leading to reduced

intestinal inflammation whilst minimising potentially dangerous complications in the rest of the body.

If you have moderate to severe Ulcerative Colitis or Crohn's Disease and are interested in obtaining further information about this trial please contact Jordana from the Research Department on **(02) 9713 4011** (press #4 for research).

CDD HREC

We are still seeking volunteers for the roles of Scientific Research and Religious Minister ethics committee members. If you are interested in becoming a member of our HREC please email your CV to:

secretary_hrec@cdd.com.au

Alternatively, if you know of someone that may be interested please pass on this message.

NEWSFLASH

We are currently recruiting patients with moderate to severe Ulcerative Colitis and Crohn's disease for a clinical trial evaluating the effectiveness of a new immunosuppressant therapy. The new therapy aims to maintain effectiveness by only suppressing the immune response of the gastrointestinal tract, leading to a reduction in inflammation while at the same time minimising potentially serious side effects that can occur to the rest of the body. If you have moderate to severe Ulcerative Colitis or Crohn's Disease and are interested in obtaining further information, please contact the Research department on **(02) 9713 4011** (press #4 for Research).

FUTURE TRIALS

- New bowel preparation
- C. difficile treatments
- Additive for better visual imaging during gastroscopy

2009 The Year of CDD Research

2009 proved to be the year for the CDD research department. A big thank you goes to the research girls, the doctors and Gerald Pang our statistician for all their hard work this year.

We were fortunate to have had all 6 of our abstracts accepted in internationally competitive symposiums. Prof Thomas Borody and Jordana Campbell presented 2 abstracts at the Annual Digestive Diseases Week (DDW 2009) in Chicago, Margaux Alvaran presented 3 abstracts to the Annual American College of Gastroenterology Conference (ACG 2009) in San Diego and Dr Wettstein presented 1 abstract

at the Annual United European Gastroenterology Week in London (UEGW 2009).

Along with our literary successes, 2009 also saw the CDD Research department embark on new pharmaceutically sponsored trials dealing with Crohn's disease, Ulcerative Colitis and Erosive Oesophagitis. We have closed recruitment for one UC study, the erosive Oesophagitis study and our in-house Solid Urease study.

CDD has been assessing the efficacy of capsule "bowel prep" in the clinical setting. We have been receiving positive

feedback from our patients and the results are currently being incorporated into our study design. A clinical trial on these "bowel prep" capsules is in the works and we hope to start recruitment in the second quarter of 2010.

We would like to thank the many patients that have shown interest and those that participated in these trials. Medications and treatments of today would not be possible if it weren't for the many volunteers that give up a significant amount of time and patience to participate in clinical trials!

We hope for an even better 2010!

New Website

Research will be launching a brand new website dedicated to all things Research! Patients will now be able to click on the Research website and get information on the current clinical trials, information on current research

interests or just to get some facts on what clinical trial participation is like! The website will be up soon; in the meantime, if you have any queries please do not hesitate to send us an email: clinical_trials@cdd.com.au

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