The new Cardiac Catheterisation Laboratory at Dubbo Hospital

Dubbo and its surrounding communities will soon have access to a Cardiac Catheterisation Laboratory (Cardiac Cath Lab) service, which is being built in the new clinical tower as part of Dubbo Hospital Redevelopment Stages 3 & 4. This means Dubbo Hospital will be able to provide diagnostic and interventional treatment for people with coronary artery disease, one of the leading causes of mortality in the region.

We spoke to Dubbo cardiologist, Dr Kaniska Kamaladasa and Senior CT Radiographer, Sean Bowen, about what the new service will mean for Dubbo and what the planning and design process was like.

Why is a cardiac catheterisation lab (Cardiac Cath Lab) such an important service for Dubbo?

Dr Kamaladasa:
It will be used to diagnose and treat coronary artery disease which can cause angina and heart attacks. This means that patients living in the Dubbo catchment area, which spans more than 20 hospitals and a 400km radius, can be treated much closer to home.

As Dubbo’s cardiologist, how are you treating patients at the moment?

Dr Kamaladasa:
Since I started as the sole cardiologist at Dubbo in 2009, we have slowly expanded our cardiology department. We now provide outpatient services at the Dubbo Specialist Medical Centre, in-patient services at the hospital and have an outreach service in Walgett.

At the moment, a large majority of patients who are diagnosed with coronary artery disease must be referred to Orange or Sydney because we cannot do angiograms (injecting dye into veins to identify blockages) or interventional treatments such as stenting, which opens blocked arteries.

Why will it take 12 months to bring all the Cardiac Cath Services on line?

Dr Kamaladasa:
This is the first time Dubbo has had a Cardiac Cath Lab so it’s important the team is fully trained and the necessary processes and procedures are in place to provide a high standard of care as soon as patients enter the Cardiac Cath Lab.

In the mean time, we will continue to provide our current cardiology services in the new facilities.
What was it like planning and designing a service the staff at Dubbo has never worked in?

Mr Bowen:
The user group process has been fantastic learning experience. We are very lucky to have Dr Kamaladasa and Gabrielle Arnold, a clinical nurse educator from the School of Rural Health with many years of cardiac cath lab experience, to help us plan and design the service.

We have visited several Cardiac Cath Labs around NSW including, Royal North Shore, Tamworth and Orange to get insight into how they operate the service and help us determine the best design layout for patients and staff. These visits have assisted with the Cardiac Cath Lab being located on the "Hot Floor" which is basically a critical care floor for patients who need intensive or high dependency care.

Will this new service require more staff with experience in Cardiac Cath Labs?

Mr Bowen:
Yes. We have already started the recruitment process and hope the new service will help attract skilled to staff to live and work in Dubbo.

It is also equally important to utilise the valuable skills of existing staff, and starting the education and training process now is essential. Medical Imaging is one of the first services to move in to the new building so we need to be prepared.

Dr Kamaladasa:
We are also pleased to welcome Dr Tilak Sirisena, who recently joined the Dubbo Cardiology Department. An additional cardiologist will significantly improve the local service now, and even more so when the Cardiac Cath Lab is operational.

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What are you most looking forward to when the new Cardiac Cath Lab is complete?

Dr Kamaladasa:
I look forward to being able to treat more patients in Dubbo. Even though patients will still need to travel to metropolitan areas for major operations such open heart surgery, our new service will drastically reduce the need for patients to travel far from their communities.

Mr Bowen:
I look forward to providing a new service to Dubbo Hospital and the LHD. It is vital that we give rural and remote patients better access to examinations and treatment closer to home and family.

I’m really excited to see it get built—to see what we’ve designed on paper turn into a reality!

Stage 4 is expected to be complete in 2021.