

The Officer(s) in Charge

Canberra Public Hospital  
Yamba Drive  
Garran ACT 2605

Calvary Public Hospital  
Mary Potter Circuit  
Bruce ACT 2617

National Capital Private Hospital  
Corner Gilmore Crescent & Hospital Road  
Garran ACT 2605

Calvary Private Hospital  
30 Mary Potter Circuit  
Bruce ACT 2617

Calvary John James Hospital  
173 Strickland Cres  
Deakin ACT 2600

Dear Sir / Madam

During 2018 -19 I spent some months in the five above hospitals.

From being fit and well, suddenly I had to be treated for a blocked prostate, Guillain Barré-Syndrome (GBS) and bowel cancer - plus other issues.

I want to thank the surgeons, doctors, nurses and all hospital staff involved. I very much appreciate their very good work.

However there are some areas where there could be hospital improvements, to minimise the likelihood of anyone going through what I went through.

During my first (public) hospital emergency-stay (for a week), my GBS was not diagnosed and I was sent home - having to return a week later (this time by ambulance) to another hospital.

more information should be given to hospital staff about GBS, so the critical early-intervention plasma infusions can be started.

During my hospital stays I acquired a number of infections VRE, E-coli, C.difficile, plus groin and mouth thrush and a fungus infection

more warnings / information should be given to patients (and staff) of the potential dangers and possible infection preventative actions.

During my hospital stays I acquired DVT (in both legs) as well as PE- which amongst other things (including pain) resulted in my stoma-removal operation being delayed for 2 months

more warnings (particularly as DVT occurs in half of the GBS patents) should be given to patents (and staff) of the potential dangers and possible preventative actions, such as moving limbs and the need for mobility.

During my various hospital stays and procedures, my kidney function dropped from GFR/Creat 54/115 to now permanently 36/160 (this new "moderate chronic kidney disease" very much distresses me).

more warnings should be given to patents (and staff) of the potential dangers (of heavy anaesthetics / and drugs) and possible preventative actions such as the absolute importance of keeping up fluids. Possibly more saline-drips should be used. Possibly all kidney-impacting-procedures / medications need to be assessed. I had many contrast CT scans. Possibly use the less-kidney-severe, non-contrast CT scans.

During a hospital stay when I was able to eat very slowly, or not at all, and drinking was very difficult, my food (and drink) trays were simply removed. My wife had to come to the hospital daily to feed me.

that was very disappointing for me

When I was recovering from bowel surgery, after a stoma removal, in a private hospital, I had continual very sever diarrhoea. I desperately needed nappies to prevent soiling the bed. These always seemed to be in short supply. One night (around 2am) when I was in agony, a nurse told me she would look for some nappies, after her tea break.

that dehumanising was beyond disappointing for me

Patients with GBS (and staff) should be told more about Peripheral Neuropathy (which was awful, but is now slowly receding), DVT and fatigue issues.

I had 4 MRIs. Two at public hospitals for free. Two at private hospitals for which I (not my health fund) had to pay ??

When I caught VRE in a public hospital, I was placed in yellow gowned isolation room and charged as a private patient (for my trouble) ??

The possible future use of clear plastic drinking water containers and clear plastic urine containers would allow easy determination of fluids consumed and excreted.

Again, I want to thank the surgeons, doctors, nurses and all hospital staff involved. I very much appreciate their very good work and I intend to fully recover my health from all this.

I would be pleased to elaborate.

I have written up my experience at:

<https://thequillainbarresyndrome.wordpress.com/>

Kind regards

John Miller  
5 August 2019