



Dear Colleague

What's new at Braemar?

A chance meeting with a group of Kiwis in London set Braemar Urologist Adam Davies on his future path ...



A serendipitous meeting in London 10 years ago was a defining moment for Urologist Adam Davies.

During his junior training he was struggling to find a field that appealed so he went to England to get a different perspective. A Hamilton Urologist, in London at the same time, suggested he attend the annual meeting of the British Association of Urological Surgeons (BAUS).

"It just clicked. Many of the Urologists at the meeting were from Hamilton and Tauranga. They were a great bunch. And the work they are doing here is world leading. It all seemed to fit."

A decade later, after completing his training in New Zealand and a fellowship in Advanced Laparoscopy in Perth, he returned to Hamilton to work at Waikato Hospital. Last year he was appointed a permanent consultant Urologist, and he has recently established a private practice.

Dr Davies says Urology appealed as a field because it offered the complete spectrum of procedures. "You can do major, all-day surgery or something minor that might take five minutes yet still produce a major improvement in someone's life. This to me epitomizes surgery."

He says the quality of the work being carried out in the Waikato and Bay of Plenty is also world class and attracts top urologists.

Dr Davies specialises in laparoscopic surgery with a particular interest in renal surgery. Typical procedures include laparoscopic radical nephrectomy (the removal of kidneys), laparoscopic pyeloplasty, (an operation to correct a blockage or narrowing of the ureter where it leaves

the kidney) and general urology which includes prostate surgery, bladder cancer, kidney stones, vasectomy, circumcision for adults and children and lower urinary tract conditions.

With an aging population, he says the pressure on Urologists is increasing. "By the age of 60, half of all men are starting to have some trouble with their waterworks. As they age, that number goes up, so with the average lifespan of men in New Zealand now being 82, it is challenge to manage patient load. Women also get urinary tract problems as they age."

The incidence of prostate cancer also increases with an aging population. Dr Davies is particularly keen to talk to GPs about preventative strategies that might improve outcomes. "One thing that is important to understand is that prostate cancer does not necessarily correlate well with symptoms. The symptoms men complain of in their waterworks are more likely to be related to benign prostate changes.

An absence of symptoms doesn't correlate with an absence of cancer. That's important."

He says men should consider an annual PSA test and prostate examination from age 50 after a discussion with their Urologist or GP. Family history doubles the risk, so those people should have checks from age 40. "Like most things, the sooner you get on to prostate cancer, the easier it is to treat."

He believes more interaction between Urologists and primary health providers would be helpful and he hopes to have evening sessions with GPs in the near future.

Another field of interest is kidney stones, a condition that affects one in six New Zealanders. He is currently training in PCNL (Percutaneous Nephrolithotomy) a procedure to clear very large stones (bigger than 2cm) from the kidneys. It involves surgery performed through a small incision in a minimally invasive fashion, which in the past would have involved a large skin incision. The stones are too big to pass and other means of clearing them are inefficient.

He says stones of such size – if left – can result in kidney failure.

Dr Davies says one of the major factors contributing to kidney stones is obesity and because of the increase in obesity in New Zealand – we currently have the second-highest prevalence in the world – the incidences are high. He says it is frustrating being the ambulance at the bottom of the cliff. "We are in the hospital treating kidney stones one by one. Meanwhile there are a lot of people becoming obese and growing stones. We are never going to keep up."

Bladder cancer is also related to lifestyle. One third of people who have bladder cancer are – or have been – smokers. "While smoking is decreasing (in New Zealand), it could take a generation before you see that reflected in health statistics."

Ten years on from his decision to become a Urologist ("we refer to ourselves as plumbers") he does not regret his decision. An uncle (also his godfather), who was a paediatric surgeon with a sub-speciality in paediatric urology, remains a role model for him. "He was very good at his work but he also had a good work/life balance which I admire."

In his spare time, Adam enjoys sport – including stand-up paddling, mountain-biking, running and skiing – and film-making. To date he has made eight short films. One won Best Prize at the Mothra Video Awards in New Zealand in 1992 and another was nominated for Best Screenplay at the Portobello Film Festival, London, in 2002.

Kind Regards,



Dr Greg Spark – Deputy Chairman

Mr Adam Davies

Qualifications

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Areas of Specialisation

- Laparoscopic urological surgery including; radical nephrectomy, pyeloplasty, varicocoelectomy & renal cyst de-roofing
- Prostate & prostate biopsy
- Renal & bladder stones
- Urological cancers
- Lower urinary tract symptoms
- Vasectomy
- Circumcision; adult and paediatric

Specialist Training

Bachelor of Medicine, University of Otago
Bachelor of Surgery, University of Otago

Positions & Memberships

Fellow of the Royal Australasian College of Surgeons (Urology)

Royal Australasian College of Surgeons,
New Zealand

Member of the Urological Society of Australia
and New Zealand (USANZ)

Currently Working at Braemar Hospital?

Yes

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