

WildTomato

NELSON & MARLBOROUGH'S MAGAZINE

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TOP

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PEOPLE 2012

**BLOKARTING SOUTH ISLAND
CHAMPS HIT NELSON**

**5 LADY SURGEONS OF
MANUKA ST HOSPITAL**

plus

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CUTTING IT IN THE BOYS' CLUB



Above: Susan Seifried, Suzanne Beuker, Rosalynd Pochin, Jane Strang, Katie Ben, Nicola Hill

...lady surgeons of Manuka St
...hospital balance a demanding
...with an even more demanding job –
...ing a family.
...y by Sarah Ryder, photography by
...-Paul Pochin



Women now outnumber men in the country's medical schools, yet surgery is an area still strongly male-dominated. Women make up just 8 percent of the total surgical workforce in New Zealand, according to a 2009 census by the Royal Australasian College of Surgeons. It's not hard to see why – surgery is physically demanding, the training never stops, exams are gruelling, 100-hour working weeks are common, life is often lived on-call, and job stress can be through the roof.

Yet the face of surgery is slowly changing, as seen at places like Manuka St Trust Hospital, a community-owned, private hospital tucked away in Nelson East, where five of its 25 surgeons and one of the 10 anaesthetists are female. The hospital's general manager, Margaret Gibbs, says this is a major shift from even 10 years ago, when there were no "lady surgeons" on board.

Suzanne Beuker is a urological surgeon and the district-wide Head of Urology for the Nelson Marlborough District Health Board. Urology, which deals with diseases of the male and female urinary tract and the male reproductive organs, is still a strongly male-dominated field, with just four practising female urologists in New Zealand out of about 50. While some male patients are initially uncomfortable seeing a woman, Suzanne says they are the minority.

"Other men are actually more at ease with a female doctor. I do tend to see more female patients than my male colleagues, but don't want to be pigeonholed as only capable of addressing 'women's problems'."

Surgery is often physically demanding – and Suzanne was still operating when she was eight months' pregnant. "There was one gentleman who had a radical prostatectomy and between his stomach and mine, my arms were almost not long enough to perform the surgery," she says.

Suzanne is married with two young children, and says it's a constant struggle to separate work and family time. However she loves the autonomy of her role and the contrasting skill-sets required, from communicating with patients, to the single-minded focus required for operating.

"I feel that my job is worthwhile and really makes a difference to people's lives. Medicine also never stands still. I've been learning my trade for 14 years, and that learning doesn't stop now that I'm a consultant. It's a challenge to remain up-to-date and I don't think I'll ever get bored."

General and breast surgeon Ros Pochin mostly does cancer surgery – breast, bowel and thyroid – but every few days she's on-call at Nelson Hospital dealing with "whatever comes through the door that isn't bones." Ros also teaches junior doctors.

Her interest in a surgical career was sparked early. "My mum was a nurse and I used to help her out at a nursing home," she says. This early exposure to a caring profession led her to train as a doctor. "I wanted to be able to make a difference – I like fixing things," she says.

Surgery is full of "extreme highs and extreme lows – literally life and death," says Ros, who is a mother-of-two and married to photographer and artist John-Paul Pochin. She says it's a privilege to see patients at what is often the hardest time in their lives. "It's a very intimate time and you're there for the whole journey. You give them hope and I love seeing them come out the other side. You take the journey with them – some even become friends. The other thing is that with surgery, you never know what you're going to get. I like that challenge."

For Ros, the hardest part of her job is delivering bad news. "There are some surgeons who deal with it by closing off. I can't do that, so some nights I come home and I just haven't got anything left in the tank."

Ros says a good surgeon needs empathy, great communication and decision-making skills as well as technical ability. "Only a quarter of my job is operating – that's actually the easy part. Most of my job is about communication with people – you may be cradling them in their darkest moment. There's a saying that a good surgeon knows when to operate and a really good surgeon knows when not to. Sometimes you need to help them see that the bravest thing to do is to stop."

Jane Strang says there were many hurdles to overcome on the path to becoming a general surgeon with an interest in colorectal surgery – operating on such things as diseased gallbladders, hernias of the abdomen and groin, gastroscopy and colonoscopy (looking into the gut with telescopes with cameras on the ends), removing benign and malignant colorectal disease and emergency surgery.

"My training took six years as a medical student, two years as a house surgeon, a year in England then 10 years specialising in surgery. There were a lot of exams and registrar years involving many hours a week – between 70 and 100 on average."

The hard slog paid off. "I love my job: the patient contact, surgical theory, the pre-operative planning, the surgery itself and post-operative care," she says.

Jane has two children, aged 2 and 8, and says while achieving work-life balance is always a juggle, she manages it by being highly organised, having a partner who is "very understanding and who often fits his building and guitar work around me," and planning her schedule well in advance. Each week she finds the time to run, swim, bike and Zumba. "It reduces stress levels and gives me time on my own. I also love singing and will sometimes sing in a band with friends."

“There’s a saying that a good surgeon knows when to operate and a really good surgeon knows when not to. Sometimes you need to help them see that the bravest thing to do is to stop.”

– Ros Pochin

Susan Seifried is a general surgeon with an interest in skin cancer (particularly melanoma), breast cancer and endoscopy. She's married with a young daughter and another baby on the way. Susan thinks surgery will probably remain male-dominated, "not because there's any sexism in the acceptance or training of surgeons any more, but because it is a difficult career to balance both family and work life."

She didn't set out to become a surgeon, initially going to university to study zoology and become a marine biologist. "But I ended up being much more interested in all the human examples so decided to continue on to medical school. I developed a passion for surgery right from the first year in the hospital as a medical student. No other area of medicine felt as fulfilling or provided the opportunity to physically remove disease from a patient to make them well. I also love the adrenalin and satisfaction of a good outcome after a trauma or emergency case."

For Susan, the greatest challenges are the cases when she can't cure or save a patient. "I find it hard but I've learnt that sometimes making someone comfortable and giving them quality of life for whatever remains is just as important."

Surgery has become "all-consuming" at times and she's had to pull back and take stock of her priorities in life. "Luckily, I have a very patient and adaptable husband, which is a must for any woman in surgery who wants to have a family as well."

When Nicola Hill started out as an ear, nose and throat (ENT) surgeon, there were just three qualified females in the field nationwide. Today many women are newly qualified or training in ENT.

"There used to be a perception that you had to be very hard as a woman and try and act like a man to succeed in surgery, but I have been quite determined not to change in this way," she says. "I think there are some perceived 'feminine' qualities, such as communication skills and a collaborative teamwork approach, that are a real asset in surgery today. There's more awareness that good teamwork improves patient outcomes and the days of the dominant, instrument-throwing, God-like surgeon are gone."

Nicola is married and a mum to two young children – a role she describes as "way harder" than her day job. She is thankful for the support of an "awesome partner", and living in Nelson also makes life easier. "There's no wasted travel time and there are so many parks and other activities. We really try to concentrate on what we think is important – doing things together as a family and making the most of living here."

Manuka St's only female anaesthetist, Katie Ben, loves the variety of her job as well as the "science behind the art" of anaesthesia. "I can be working with the very old or young, the very sick or generally well, in any surgical specialty. Operations may last 10 minutes or six hours. Every day is the same but different," she says.

Anaesthesia is also becoming increasingly complex. "People are getting older and more infirm, surgical techniques are expanding rapidly and we are performing procedures on people that wouldn't have been dreamed about a few decades ago. That's a challenge. In surgery and anaesthetics particularly, the complications are rare, thankfully, but when they occur they are extremely serious and require the full team working to get people through."

Katie is married with two young sons and says finding a good work/life balance is "extremely difficult" and managed only through having "a very organised and supremely understanding husband".

Right (clockwise from top left): Susan Seifried, Nicola Hill, Suzanne Beuker, Jane Strang with nurse Chris Clarke assisting, Rosalyn Pochin, Katie Ben



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