



# Finding My Balance in the Queensland Medical Orchestra

## Dr Lily Vrtik - Plastic & Reconstructive Surgeon

As anyone who has treaded the path of medicine will tell you – Medicine is a way of life. As all of us try to find the balance between work and living, we ultimately find ourselves juggling between our responsibilities to patients and our desires to spend more time on our families and ourselves. Some manage to fit their work around their personal lives, whilst others devote their life to their work. One way or another, everyone is continually trying to reach that personal 'perfect balance'.

Everyone has a Fork in their Life – the moment when they had to make a decision and chose a certain path – mine was between Medicine and Music. I chose Medicine because I wanted to 'help people'; unfortunately, I found that my music was only helping little kids who did not want to practice before they came to their piano lessons. At the time, my very realistic pragmatic parents also had a favourite saying – 'Music is not a real job, you can do Music when you are pregnant and stuck at home'. I found out that I was as pragmatic as they were after all.

So, since I started my life on the path of Medicine, I have not looked back. Like so many others on this similar path, I made sacrifices - one of which was giving up music, something that I have had since I was six years old.

I ploughed my way through medical school with four part-time jobs, and then did the obligatory overtime as a junior doctor to get onto a surgical training program. During which I was overdosed on fluorescent lights within hospitals, and forgot what natural daylight looked like – occasionally I did get to see the lights from my fridge, my study desk and bedside lamp. After that, setting up private practice and running between public hospitals consumed my so-called 'spare-time'. There weren't enough hours in the day for my work – let alone for myself. People often asked about my hobbies – and my answer would always be eating, sleeping and remembering to breathe. Did someone say Balance? What Balance?

One of my favourite times in the day had always been early morning – when I was driving between hospital ward rounds. I often listened to Classic FM in the car – and allowed myself to pretend that instead of being a plastic surgeon going to do a ward round at the Mater, I really was a musician going to QPAC to rehearsal (not that I knew of any musicians who went to work at 6am). For me, apart from going to the occasional concert, and tinkling on the piano at home once a month (if that), music really wasn't part of my Life.

Then I decided to join Queensland Medical Orchestra.

After doing another 7 day 80 hour week, I decided that it was time I put time aside for myself. It came at the same time when QMO was recruiting players for their next concert. My love for making music had always been very personal to me, so joining an orchestra was naturally 'doing something for me'. During my first rehearsal, I was pretty nervous – I didn't know anyone, I haven't read music for years, and the last time I touched my flute was before Medical School! Not to mention the embarrassing condition my flute was in – it was so black that I had to spend an hour before the first rehearsal cleaning it, and then trying to explain the friction burns on my hand from a silver polishing cloth...

I could not believe the buzz I got during that first rehearsal – for once, I wasn't pretending I was a musician going to a rehearsal – because I was a musician in a rehearsal. It didn't matter that I finished a bar earlier than everyone else (hey, haven't we finished the music already?) and that I was playing in a different key to everyone else (with 'Maestro' Williams screeching 'G sharp!!!' at me across the orchestra), I was making music.

Each rehearsal was better than last, because each time the music we made sounded better. And the buzz never went away. The concert itself was both exciting and nerve-wrecking for me – not having performed in public for over ten years. The Orchestra made a magnificent sound in the Old Museum – as the audience at the sold-out concert will tell you. And I even finished the last note at the same time as everyone else!

It was then I realised that in the last fifteen years of immersing myself in Medicine, I had forgotten how much I loved making music.

So for all of you out there who have forgotten how much you loved doing something before Medicine took over your Life, maybe it's time you do something for yourself. I cannot begin to describe the amazing feeling you'll have; it has totally taken me by surprise.

As for those of you who have forgotten what it was like to make music – come and join us at QMO. Our next concerts are at the Old Museum Building Concert Hall, Sunday December 18th with rehearsals the month prior. If you are interested in joining us, please contact myself ([lily@drililyvrtik.com.au](mailto:lily@drililyvrtik.com.au)) or Dr Andrew Hutchinson and Ryan Williams via email ([qmo@uqms.org](mailto:qmo@uqms.org)) for more information. If you are not a musician but would love to support us in our concerts, please register your details with us via email to receive details of our up-coming concerts.



## About QMO

The Queensland Medical Orchestra was founded in 2004 as the University of Queensland Medical Society (UQMS) Orchestra, and later renamed The Queensland Medical Orchestra (QMO) to reflect the growing number of doctors and other health professionals keen to share their collective love of music.

The Queensland Medical Orchestra's guiding principle has always been to combine music and medicine in all facets, and this is achieved through the ensemble's membership and through concerts performed in support of medical charities. Since 2004, the QMO has been a major supporter of The Ashintosh Foundation and The Mater Foundation, with concert proceeds assisting a range of initiatives, including the Teddy Bear Hospital program delivered by UQ medical students in Brisbane primary schools.

Medical musicians of every persuasion are encouraged to join the orchestra. We are always looking for players in all sections of the orchestra. The QMO aspires to maximum musicianship with minimal time commitments. Rehearsals are only held in the 4-6 weeks preceding a concert and there is no need to audition.

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## PRACTICE RELOCATION

**Dr Lily Vrtik - Plastic & Reconstructive Surgeon**  
would like to announce her recent move and contact details

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Dr Vrtik will also continue to consult once a week at:  
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## Isolated rectal bleeding in the younger patient and the tailored approach to haemorrhoids



**Assoc Prof Andrew Renaut**  
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Colorectal and  
General Surgeon

The presentation of rectal bleeding to GPs is common. Clearly the concern is a neoplastic process but in the younger patient (less than 40) a diagnosis of carcinoma is very unlikely. The most likely diagnosis in this age group is haemorrhoids, but is it safe to make this assumption without further investigation or at the very least a specialist opinion? Most of us would consider it a touch cavalier. So should it be a specialist opinion or an open access investigation and, if the latter, which one?

It is worth taking a brief but careful history to rule out associated symptoms such as abdominal pain, change in bowel habit, weight loss or anorexia. Any of these should get the alarm bells ringing, as should iron deficiency anaemia in both men and post menopausal women. These patients should have a colonoscopy (and gastroscopy if anaemic) performed either by a colorectal surgeon or via an open access facility.

For the patient under 40 with isolated rectal bleeding it is safe to confine the investigation to a flexible sigmoidoscopy rather than a colonoscopy on the basis that, for the bleeding to be visible it has to be coming from the distal colon (in the vast majority of cases distal to the splenic flexure). This premise is well supported by sound scientific evidence. A flexible sigmoidoscopy has a couple of distinct advantages: patients require an enema prep only and there is no need for sedation - so they can resume their normal daily routine straight away.

Patients over 40 with isolated rectal bleeding should probably have a colonoscopy rather than a flexible sigmoidoscopy only because the incidence of neoplasia increases with age - the site of the bleeding doesn't necessarily change but the opportunity should be taken to examine the whole colon (although the age cut-off is somewhat arbitrary and could probably be delayed until 50).

Having performed either a flexible sigmoidoscopy or colonoscopy, as appropriate, and having excluded all other pathology, it is reasonable to assume that the bleeding is haemorrhoidal, even if there is a paucity of the traditional haemorrhoidal symptoms such as discomfort, prolapse and pruritis. Banding is such a straightforward procedure that it is worth a trial on such patients, particularly if their fibre intake is already optimal, and grade 1 haemorrhoids (no prolapse) generally respond well to banding. Gastroenterologists don't offer this procedure so these patients should realistically be triaged to a colorectal surgeon.

Patients who present with the added haemorrhoidal symptoms, especially prolapse, should be offered a more tailored approach: the response to banding is unpredictable in grade 2 haemorrhoids (prolapse with spontaneous reduction) and even more so in grade 3 (prolapse requiring manual reduction). These are ideally suited to haemorrhoidal artery ligation and rectoanal repair (HAL-RAR) whilst a stapled haemorrhoidectomy should be reserved for grade 4 haemorrhoids (permanently prolapsed) although HAL-RAR can produce some surprisingly good results with early grade 4s.