

FRIENDS OF THE CDD



INSIDE THIS ISSUE

- From the Medical Director 2
- Day Surgery Safety & Quality Outcome Report 3
- A day in a life of CDD Patient 5
- CDD Snapshots 6
- Research in a Nutshell 7
- Spotlight on Dr Guarav Agrawal 8
- Love your Gut! 9
- Invitation to Ferragosto 2025 10

Are you interested in becoming a Stool Donor ?

The CDD stool Donor program allows you to positively impact the lives of others. If you are aged between 16-60 years, have no pre-existing medical conditions and live or work locally to Five Dock you may be eligible. Start your application by completing our online questionnaire:



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Centre for
Digestive Diseases
The Centre of Excellence in Gastroenterology

Who are we?

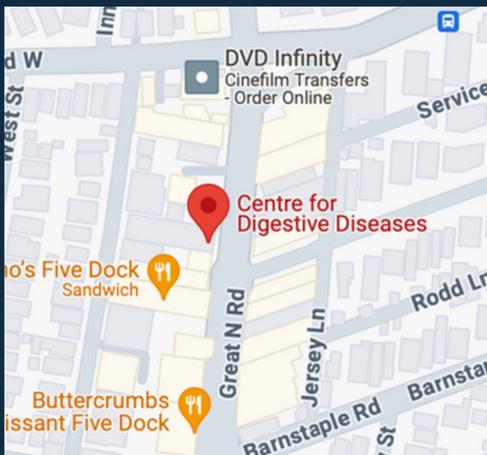
The Centre for Digestive Diseases (CDD) is an active private day endoscopy centre located in the heart of Five Dock, Sydney. CDD is internationally regarded as a leading medical institution, collaborating with pharmaceutical companies, universities and medical societies to provide excellence in gastroenterology.

What we do

Our facility allows our specialists to offer unique treatments and therapies with a strong emphasis on patient-centred care. Some of the treatments offered by our specialists include:

- Fecal Microbiota Transplantation (FMT)
- Resistant Helicobacter pylori treatment
- Infrared Coagulation (IRC) one of the few centres to offer this technology in the treatment of haemorrhoids
- Small bowel capsule endoscopy
- Panendoscopy and colonoscopy services
- Iron Infusion
- Colonic hydrotherapy
- Argon Plasma coagulation

Where are we located?



We are located at Level 1, 229 Great North Road
Five Dock, NSW 2046
Tel: 02 9713 4011
Fax: 02 9712 1675
www.cdd.com.au

Clinic Hours – Monday to Friday (6am – 6pm)
Telephone Hours – Monday to Friday (8.30am – 4.30pm)

Enquiries can be made by contacting reception@cdd.com.au
GP or Specialist Referral required for appointments

From the *Medical Director*



Dear Friends of CDD,

I'd like to update you on the work the Centre for Digestive Diseases is progressing with, as research and innovation remain key distinctions that make our Centre unique.

We continue to desire to have more treatment options that are safe and effective whilst giving relief and healing to patients.

The main things we are moving with are:

Fecal Microbiota Transplant (FMT). We are aiming to get TGA approval in order to better service the country and obtain the highest standard of quality.

Future resumption of Clinical Trials- improving FMT effectiveness by assessing before and after of the gut microbiome, biofilm analysis and removal, and recipient-donor matching. We have the leading experience in this area in the world.

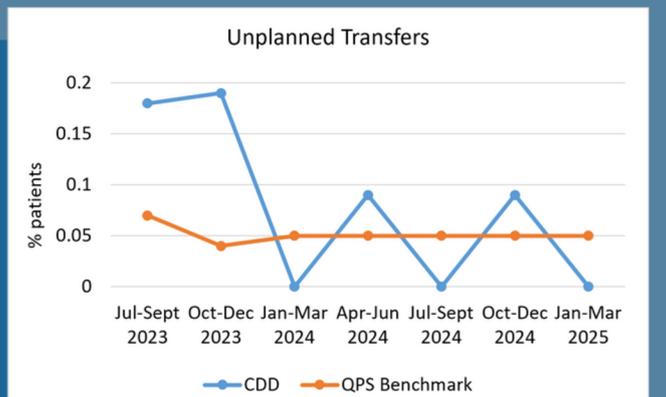
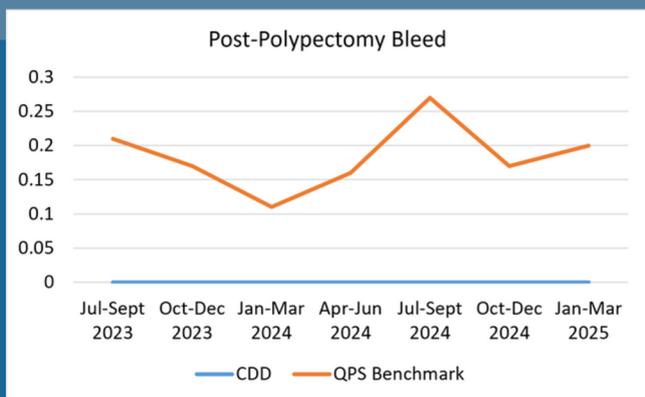
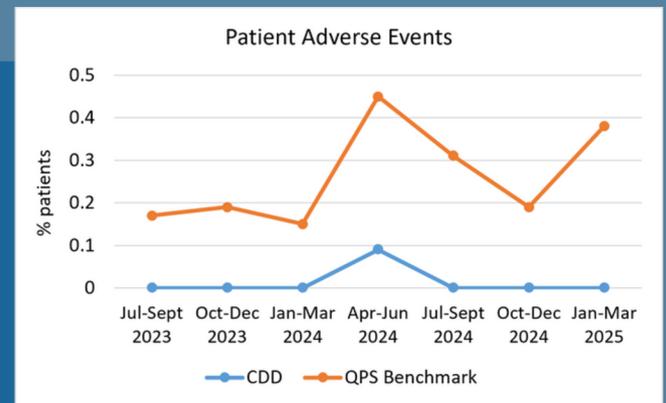
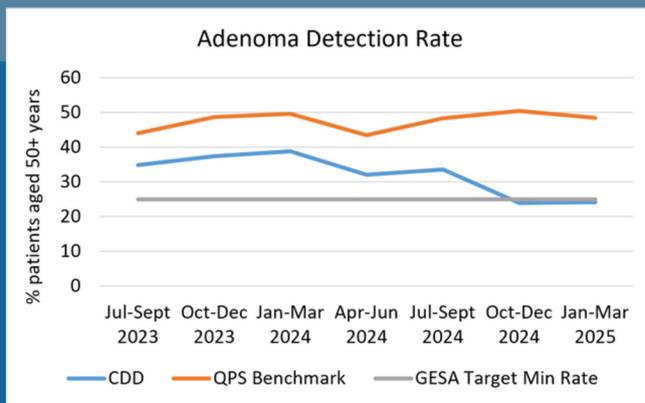
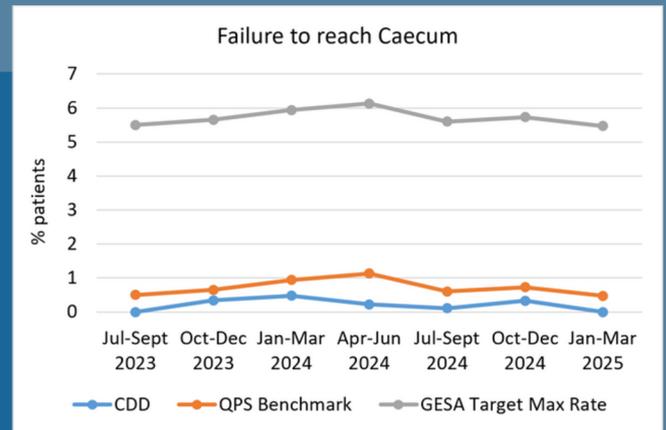
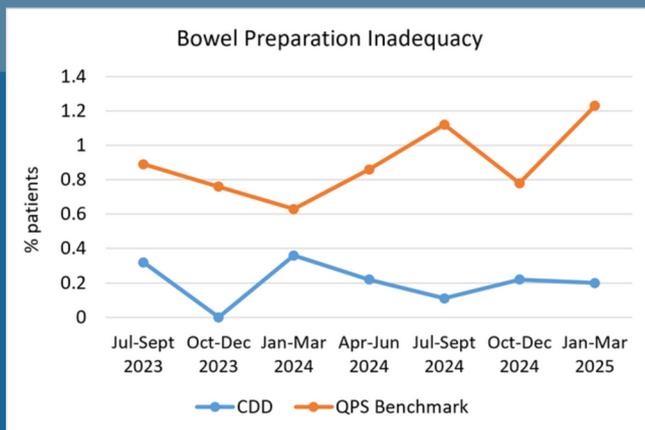
We are also aiming to offer microbiome testing in the future and testing for *Mycobacterium avium paratuberculosis* through Otagaro Pathways. This is particularly relevant for patients with Crohn's disease as we believe it causes, if not flares, the condition.

*Yours sincerely
Dr Gaurav Agrawal*

DAY SURGERY SAFETY AND QUALITY OUTCOMES REPORT

SAFETY AND QUALITY INDICATORS

These six indicators have been selected by our Consumer Focus Group as they provide a good overview of our key clinical outcomes. These rates show better outcomes than the QPS industry benchmarks and the GESA (Gastroenterological Society of Australia) target rates.



DAY SURGERY SAFETY AND QUALITY OUTCOMES REPORT

INTERNAL AUDITS

We have a comprehensive schedule of internal audits that are completed every year. These monitor all elements of our quality management system to ensure we maintain safe, high quality patient outcomes. Here are some recent results.

Audit	CDD	QPS Benchmark
Antimicrobial Stewardship	100%	N/A
Aseptic Technique Audit	100%	N/A
Clinical Governance Audit	98.6%	96.7%
Employee Satisfaction Survey	87.6%	85.6%
Endoscope Reprocessing Audit	96.4%	N/A
Hand Hygiene Audit	96.7%	86.6%
Patient Identification, Clinical Handover and Time Out Audit	100%	N/A

EXTERNAL AUDIT – NSW HEALTH

On 29th July we had our annual inspection audit by NSW Health. This year they reviewed our compliance with the Gastrointestinal Class License and all areas were rated as compliant.

A day in the life of CDD Patient

Hi! My name is Anna, I recently had my routine colonoscopy at the Centre for Digestive Diseases (CDD) and wanted to share my experience for anyone preparing for theirs.

When I was preparing for my procedure at CDD, I made sure to pack thick socks and a warm hoodie –I remembered from past visits that it can get quite cold during the procedure. The night before, I was a bit anxious, just hoping everything would go smoothly and that I had followed all the instructions correctly.

This time around, I used bowel prep capsules instead of Moviprep. The capsules were much easier to tolerate and not nearly as harsh on my system, which made the experience more manageable. That said, I did worry a bit overnight about whether they were working properly or if things would be clean enough for the procedure.

I was instructed to fast for the entire day before, which was challenging, but I incorporated Element Gold—a meal replacement designed specifically for prep support—which really helped manage the hunger and kept my energy up. It made a big difference getting through the day without feeling too hungry.

After the procedure, the first thing I noticed was how cold I felt—I just couldn't warm up. Thankfully, the staff were incredibly attentive and brought me warm blankets right away, which helped so much. I felt a little tired, but otherwise, I was relieved that it was all done.

I stayed at the centre for about four hours in total. The staff checked on me regularly and made sure I was comfortable and recovering well. Once I was ready to eat, I had a chicken sandwich and some biscuits. After fasting for so long, it felt amazing to have something solid in my stomach again.

When I finally got home, the first thing I did was make myself a cup of tea and have some fruit. I just sat down, relaxed, and let my body recover. It felt good to be home and back in a familiar space.

What really stood out to me throughout the whole experience was how great the staff were. I never felt unsure or confused about what was happening. Everything was clearly explained, and I felt genuinely supported at every step. It made the entire process—from prep to recovery—so much easier to go through.

For anyone preparing for a procedure at CDD, or for GPs referring their patients, I hope my experience reassures you that you'll be in excellent hands. The care, communication, and comfort I received were second to none.

THE CDD

Snap shots

BORODY FOUNDATION

We have set up the Borody Foundation which will focus on supporting research and new therapies that focus on treatment and prevention of many diseases. The Foundation will also have a strong charity arm that will give back support to the community and raise awareness for the many chronic diseases impacting Australians and the world's population daily. Stay tuned for more details!

CDD PHONE SYSTEM UPGRADE

Are you calling us at **(02) 9713 4011**?

We have exciting news!

This February, CDD implemented a new and improved phone system with an upgraded Call Tree. This update includes additional lines, designed to efficiently direct patients and doctors to the right department on the first call. We're committed to providing an easy and stress-free experience for all callers.

- 1 – Switchboard / Reception
- 2 – Doctor's Line
- 3 – Therapeutics
- 4 – Nurses

Telephone hours – 8.30-4.30pm
(Monday to Friday)

Please remember, for emergencies, dial **000** immediately.

GUT HEALTH WORDSEARCH

F	G	A	S	T	E	S	T
O	P	O	O	P	L	C	G
O	O	G	U	T	A	R	A
D	S	C	R	A	M	P	S
G	B	E	O	S	T	I	O
U	L	A	T	B	O	A	T
T	O	D	C	E	H	P	E
R	E	C	L	X	N	W	P

Think you can spot them all?
The first word you see might say more than
you think...

OVERSEAS PATIENT FMT PROGRAM

CDD has recently revamped our FMT program access for our overseas patients. The FMT program has been redesigned to be a better streamlined process allowing more efficient contact and communication between our FMT nurses and doctors. The new FMT overseas program is also now a clearer linear treatment regimen and includes holistic approach incorporating dietetics support. For more information please speak with one of our doctors!



A RETROSPECTIVE REVIEW OF ANTIBIOTIC INFUSION FOR SYMPTOMATIC BLASTOCYSTIC HOMINIS AND DIENTAMOEBIA FRAGILIS INFECTIONS

INTRODUCTION

Blastocystis hominis and Dientamoeba fragilis are intestinal parasites commonly associated with a range of symptoms. Treatment is often sought but the optimal therapeutic strategy remains unclear in part due to the inability to perform antibiotic sensitivities. We analysed the efficacy of antibiotic infusion therapy at the Centre for Digestive Diseases.

METHOD

Data was collected from 186 patients (aged 17–82) who underwent antibiotic infusion between January 2023 and April 2025 at CDD. Patients without post treatment results were excluded (n=32). Pathogen, symptoms, treatment regimen, and PCR outcomes were analysed. Treatment success was a negative PCR result post infusion. Logistic regression was used to explore potential predictors of treatment success.

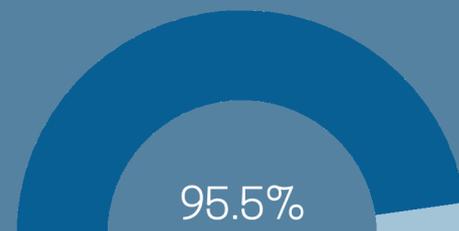


Figure 1. Overall success rate



Figure 2. Success rates for treatments received

RESULTS

Of those included in the study (n=154), 92 (59.7%) had Blastocystis only, 31 (20.1%) had Dientamoeba only, and 31 (20.1%) had both. All patients were symptomatic with the most common symptoms being bloating (n=114, 77%), diarrhoea (n=105, 70.9%), flatulence (n=107, 72.3%), abdominal discomfort (n=95, 64.2%), and fatigue (n=93, 62.8%).

The overall success rate was 95.45%. The standard infusion combination (furazolidone, nitazoxanide, secnidazole) given to 47 patients (30.5%) had a success rate of 97.87%. 48 patients (31.2%) received a stronger combination (incorporating first and second line treatments to provide broader coverage) (nitazoxanide, paromomycin, diloxanide furoate) which had a success rate of 97.92%. Remaining patients (n=59, 38.3%) received alternative infusions that involved different combinations and resulted in a lower success rate of 91.53%. Reinfection which was defined as a positive PCR result following a negative result post treatment occurred in 2 patients (1.3%). No statistically significant predictors of treatment outcome were identified.

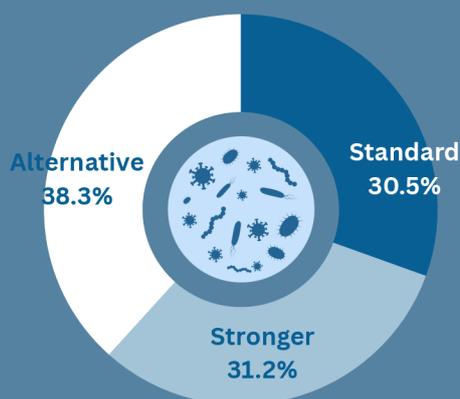


Figure 3. Treatment received

DISCUSSION

The high success rates and low reinfection rates of the antibiotic infusion treatment show that this is a promising treatment method. This study is limited by missing clinical data, its retrospective design, the absence of documented adverse events, and the subjective manner in which symptoms were recorded. Prospective studies are required to assess symptom resolution, long-term outcomes, adverse events, and pathogenesis of these parasitic infections.

A yellow spotlight beam shines down from the top left corner of the page, illuminating the text 'Spotlight on'.

Spotlight on



Dr Gaurav Agrawal

How did you get your start in this career field?

I met Prof Borody as a resident to learn from him after reading some of his papers. He encouraged me to go into Gastroenterology after I finished General Practice training.

What appealed to you about this position and led to you to join CDD team?

The novelty of a private facility doing research and a pioneer in the world of the microbiome and infectious diseases. Freedom, independence and different thoughts.

Are there any new initiatives or improvements you hope to implement at CDD?

Continue research, bring in more measurements, a review of our results and publish: new ideas and new methods of treating.

How do you typically manage your time and prioritise tasks?

What needs to be done first, almost like triaging, and then consistent application and completion before a deadline I set.

What is your favourite part of your job?

Clinical initiatives and different ways of looking at problems with patients to help them go into symptomatic remission after suffering for so long.

Describe your ideal work environment.

Staff bouncing ideas off each other and clinical trials of new concepts and products. Patient feedback and how they think their illness/symptoms improved.

What causes are you passionate about?

Breaking paradigms and finding the truth of things, namely disease causation and cure.

If you could instantly master a new skill, what would it be?

Regenerative small scale farming



Love your GUT!



Low Residue Low Fibre Chicken Vegetable (GF) Pasta Soup

Cook Time 30 minutes | Total Time 30 minutes | Servings 4 | Calories 116 kcal



Ingredients

- 5 cups lower sodium chicken broth
- 400g of lean chicken breast - diced
- 1 carrot - peeled diced
- 1 sebago potato - peeled diced
- 1/2 cup tomato flesh no skin or seeds
- 1 bunch of baby spinach leaves chopped
- 1/2 cup cooked GF pasta or long grain white rice

Instructions

1. Place broth, chopped chicken breast, carrot and potato in a small saucepan.
2. Bring to a boil, then reduce heat and cook until vegetables and chicken pieces are very tender.
3. Add tomatoes and baby spinach and cook until tender.
4. Stir in cooked pasta and cook until heated through.
5. Serve hot with a slice of white gluten free bread toasted.

Nutrition Facts

Low Residue Low Fibre
Chicken Vegetable GF Pasta Soup
Amount Per Serving
Calories 116 | Fat 2g | Saturated Fat 1g |
Sodium 102mg | Carbohydrates 17g | Fibre 3g |
Sugar 4g | Protein 10g

For extra flavour try Lemon zest- use fresh lemon zest for a delicate lemon flavour or crank it up by adding lemon juice at the end!

*Want to dig deeper into nutrition? Reach out to Geraldine Georgeou Accredited Practising Dietitian
www.designerdiets.com.au or call us (02) 9588 3211.*

FERRA GOSTO

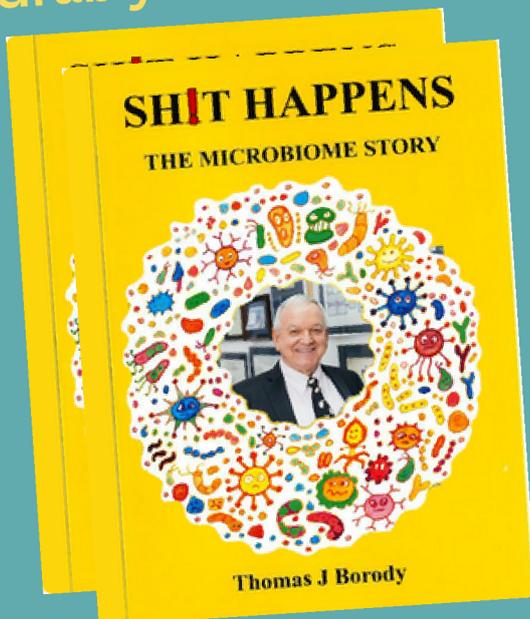


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