

INFOCUS

MURAL ADDS
COLOUR AND MEANING
TO WALLS OF DAMASCUS

NEW STATE-OF-THE-ART
OESOPHAGEAL TECHNOLOGY

HOW DAMASCUS'S **PERSONAL TOUCH**
GIFTED **HOPE** TO RADIO STAR'S WIFE

ISSUE 16



Brisbane
PRIVATE HOSPITAL



INFOCUS
ISSUE 16

GM UPDATE

BY CLAIRE GAUCI



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Welcome to Edition 16 of In Focus. It's been a busy year here at Brisbane Private with lots of big changes.

I am excited to have recently been given the opportunity to take on the role of General Manager at Brisbane Private Hospital. Prior to my role here, I was Deputy General Manager at Gold Coast Private Hospital.

I'd like to thank our former General Manager, Mairi McNeill, for her contribution to Brisbane Private Hospital over the last six years. Mairi has been instrumental in leading a range of important projects at the hospital, including the development and delivery of the hospital master plan.

This edition of In Focus highlights a number of our new surgeons as we continue to expand our services and capacity.

The next 12 months will no doubt see a lot of great changes here at Brisbane Private, and I look forward to working closely with the entire team to continue to provide high quality healthcare for our patients.

HOW DAMASCUS'S PERSONAL TOUCH GIFTED HOPE TO RADIO STAR'S WIFE



ABOVE: JODIE BRADNAM WITH HUSBAND, NOVA FM HOST ASHLEY BRADNAM

When Jodie Bradnam was asked to lend her voice to a campaign promoting Damascus Health Services, she didn't hesitate for a second.

Her motivation? The memory of the confused, scared, vulnerable woman she once was.

"I look back at that young mum who was completely in over her head and just shudder," said the wife of Nova FM breakfast host Ashley Bradnam, whose lengthy battle with alcohol addiction saw him receive expert care at Brisbane Private's renowned rehabilitation service.

"There is so much secrecy around addiction and we just don't talk about what people are dealing with behind the scenes. If my story reaches just one family and inspires them to find help earlier, it makes our struggle worthwhile."

For the past few months Jodie has featured in advertisements on Nova FM and the couple's Addicted podcast urging people to contact Damascus if they or someone they care about has a problem with alcohol and/or prescribed and over-the-counter drugs.



ABOVE: JODIE AND ASHLEY BRADNAM WITH FAMILY

That call is one she made herself more than a decade ago.

While he has been sober for the past three years, Ashley's road to sobriety featured numerous stints in various rehabilitation services and his psychologist wife has never forgotten the "gift" Damascus gave her.

"What was really helpful for me – and the reason I wanted to do these ads – was that as an addict's wife, Damascus was the first rehab that actually had a component for me," said Jodie, a mother of three.

"When Ashley would end up in rehab, it would be after a complete crisis and Damascus was the first place that welcomed me in as well.

"They gave me empathy and support and I can't tell you how much that meant to me.

"I was a young mum at the time with a toddler and baby and was really struggling to just tread water. I was drowning and didn't know what to do. That's why I'll forever be grateful that Damascus offered us that family component.

"I had access to a counsellor and I'll never forget her face or the room we'd meet in. She wanted to know what resources I needed whereas previously it had always been about what Ashley needed.

"That was a very powerful conversation because I never even realised I had needs because I was running around trying so hard to hold our family together. It made me realise I had to get help for myself.

"That was the gift Damascus gave me."

That gift extended to Damascus providing a safe space for Jodie and Ashley to address the chaos his drinking was bringing to their lives.

"Because they had a family program, we were able to sit together and have those tough conversations," Jodie said.

"As there is so much shame surrounding addiction, whenever Ashley had a crisis and went into rehab he would just cower and hide.

"It was just too painful for him to look at the consequences of his addiction and what was happening to our lives.

"Damascus made those discussions possible."

Ashley's first admission to Damascus would not be his last. Indeed, it would be years before he found the sobriety his wife so desperately craved and he now relishes.

As rocky as that road was though, Jodie is more than happy to relive it for the benefit of others.

"As a society, we need role models for how to deal with crises and tragedy," she said.

"I don't think everyone has to publicly tell their story of addiction but shame thrives in secrecy and if we don't own our story, it owns us. This is part of who I am."

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Damascus Health Services

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BRADNAM'S TICK OF APPROVAL FOR REHABILITATION SERVICE

Damascus Health Services was the first rehabilitation clinic Ashley Bradnam experienced. He also wishes it was the last.

"I've been through so many rehabs and it only gets worse after Damascus," the radio star said of Brisbane Private's alcohol and prescription drug rehabilitation service.

"If you're going to get clean and sober, it's the place you want to do it.

"I can honestly say everything I live by today I learned at Damascus but I wasn't ready to embrace it back then. I chose not to take it onboard and paid a pretty big price for that. If I had known what was waiting for me, the chaos to come, I would have listened so intently the first time I was there.

"I could have saved myself at Damascus because they had the tools I needed."

Having waged his battle with alcohol addiction in the public spotlight, Ashley said he was often approached for advice about rehab clinics and always endorsed Damascus.

That said, he believes addicts and their loved ones should value his wife's opinion even more.

"A lot of the time I wasn't really of a sound mind during rehab but Jodie always was," Ashley said.

"She has seen them all through the lens of someone who was sober and has nothing but high praise for Damascus. That speaks volumes for me."

MURAL ADDS COLOUR AND MEANING TO WALLS OF DAMASCUS

A collaborative artwork that was meant to only see the light of day for a few weeks has found a permanent and very prominent home within Damascus Health Services.

The stunning mural, which features heartfelt contributions from more than 20 of the drug and alcohol rehabilitation unit's patients and staff, dominates an almost 15m-long wall inside Brisbane Private Hospital's recently opened \$50 million building.

Exploding with colour and offering insights into multiple personal journeys, the mural began its life in the weeks leading up to Damascus's relocation from its former home in the hospital to purpose-built premises on the ground floor of the new building.

"We knew we were moving and our wonderful manager Nicole Yates asked if we wanted to create a mural in the kitchen and dining area as a farewell project," Damascus Art Therapist Ann-Maree See recalled.

"It was essentially a blank canvas so I painted a collection of circles on the wall and invited patients and staff to share a little bit of their story within them.

"The way it brought people together was incredibly touching. Even if they weren't painting on it themselves, people would just sit and watch as others did. It became a focal point of the unit and I'd often find myself spending every spare moment I had working on it.

"Of course it was never our intention to bring it with us but our general manager had other ideas."

Sensing the beauty of the mural and its multiple back stories, Brisbane Private Hospital's former General Manager Mairi McNeill proposed transferring the artwork to the unit's new home.

That was achieved via a photographer capturing the finished piece and having it printed on wallpaper.

"We always thought it was a shame we couldn't bring it with us so you can imagine how excited we were when it was unveiled," said Ms See, who has worked as an art therapist for more than a decade.

"Even patients who didn't add their own contributions to the wall have been touched by the efforts made to ensure it lives on.

"I know the huge role art therapy can play in someone's addiction journey but it's been wonderful to receive such beautiful feedback about the mural.

"It's a reminder that the therapeutic benefits can have an impact on a wide audience base."

Among the personal reflections encompassed in the artwork are references to the armed forces, childhood memories and even cartoon cat Garfield.

"That was from someone who has always struggled with sleeping and thought 'Wouldn't it be nice to be able to sleep as easily as Garfield'," Ms See said.

"The theme that underpins the mural is the circles represented a part of someone's journey and the background represented our support - that we can be your strength when you don't feel strong."

The art therapist explained why she discouraged her patients from using the mural to reveal "anything too close to the bone".

"A mural is such a public display and art therapy in this context focuses more on a celebration of life, not the struggles," Ms See said.

"If I was getting you to draw something about your relationship with a substance, you don't want to come to the unit the next week and see that picture on a wall.

"Art work within a therapeutic session is part of a patient's confidential medical records and under no circumstances would it be acceptable as part of a public mural.

"At Damascus you can be assured your confidentiality is respected."

FOR MORE INFORMATION CONTACT:

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IN THE ARTISTS' OWN WORDS



SOMETIMES, WHEN THINGS FALL APART, THEY ARE ACTUALLY FALLING INTO PLACE
- FEMALE, C, 40ISH:

"Hopeless, helpless and broken, my journey with Damascus began. Over time Damascus has helped me to see clearly what is of value in my life and to accept my perfect imperfections. I have been guided to live open-mindedly and wholeheartedly. Out of necessity, I began a spiritual journey of self-appraisal with compassion and loving kindness. I had to break, everything fell away, before I could heal and begin living a life with purpose, driven by intention, courage and grace."



COMPASSION HANDS
- FEMALE, M, 39:

"I have found through my addiction that cultivating compassion has boosted my progress in sobriety. It has allowed me to move away from my self-obsession, which is a characteristic of life in addiction. Compassion has also helped me forgive myself."

NEUROSURGEON BOLSTERS PERIPHERAL NERVE CREDENTIALS



ABOVE: DR TOBY LOCH-WILKINSON, NEUROSURGEON

Dr Toby Loch-Wilkinson travelled halfway around the world to bolster his expertise in peripheral nerve surgery. Now he's bringing that expertise to Brisbane Private.

The neurosurgeon, who has started consulting at the hospital, completed a peripheral nerve surgery fellowship at Canada's University of Calgary in 2017 under the supervision of globally renowned surgeon and academic Dr Rajiv Midha.

And while Dr Loch-Wilkinson expects such surgery to only form part of his neurosurgical practice, he's looking forward to putting what he learned during the six-month fellowship into action.

"Most of my work will continue to be in spinal surgery because that's where the demand is, but peripheral nerve surgery is an area I've always enjoyed exploring," Dr Loch-Wilkinson said of treating pain caused by injury and/or compression of nerves outside of the brain and spinal cord.

"It's a bit of an orphan area of surgery. Lots of us have some interest in the area - neurosurgeons, plastic surgeons, orthopaedic surgeons - but it doesn't really belong exclusively to one specialty."

"It's not like no else is doing it but I come from a perspective where it's a passion of mine and my time in Canada has not only strengthened that passion but my knowledge."

"These days it's fairly uncommon to complete a dedicated fellowship in such surgery and I've already had people starting to ring me for advice. Doctors can face difficult decisions in this area and I'm looking forward to taking on more complex cases."

Dr Loch-Wilkinson said the opportunity to work under Dr Midha during his fellowship was "incredible".

"He is very unique as a neurosurgeon in that he has an almost exclusive peripheral nerve practice," he said of the head of the University of Calgary's Department of Clinical Neurosciences, who completed his own clinical fellowships in peripheral nerve surgery in Canada and the US.

"The majority of neurosurgeons spend most of their time operating on brains and spines but Dr Midha is very specialised. I learned so much from him in terms of clinical examination skills, complex conditions and running a multidisciplinary clinic."

"I arrived in Calgary in the middle of winter when it was -35C, which was a shock, but there was no culture shock working in the Canadian health system. They were very friendly and used to having Australians coming to work in their hospitals."

"Some of the ways they run interdisciplinary clinics were very well done and I learned a lot from the patient selection point of view. I was also involved in research, including a paper that was recently published and will possibly have implications for this type of operation."

Born and raised in Sydney, Dr Loch-Wilkinson has also undertaken courses at the Mayo Clinic in Minnesota and Bangkok and been published in peer-reviewed medical journal World Neurosurgery.

He recently completed a complex spine fellowship under the supervision of respected Brisbane orthopaedic spine specialist Dr Geoff Askin.

"Spinal surgery will always be my main area of work but peripheral nerve surgery is something I'd like to grow to be up to 30 per cent of my practice," Dr Loch-Wilkinson said.

"As well as enjoying the anatomical, diagnostic and imaging aspects, it also leads to a lot of great collaboration with other specialists such as neurologists, rehabilitation physicians and plastics and orthopaedic surgeons."

"It's not only a really unique field but an exciting one."

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DR TOBY LOCH - WILKINSON NEUROSURGEON

KEY SPECIALITIES:

- Peripheral nerve tumours
- Peripheral nerve compressive disorders
- Peripheral nerve trauma
- Spinal tumours
- Degenerative spinal conditions
- Spinal trauma / spinal cord injury
- Spinal deformity

GPS URGED TO REFER PATIENTS EARLY IF SHOWING SYMPTOMS OF MYSTERIOUS DISEASE

SPOTLIGHT ON: DUPUYTREN DISEASE

SYMPTOMS

- MCP joint contracture is greater than 30 degrees
- Patient unable to place their hand flat on a table
- Any contracture of the PIP joint

SAFE AND EFFECTIVE TREATMENT OPTIONS

- Minimal access fasciotomy
- Clostridial collagenase
- Surgical fasciectomy



ABOVE: DR CAMERON MACKAY, HAND SURGEON

A Brisbane Private Hospital hand surgeon is calling on general practitioners to refer patients sooner rather than later if they are presenting with potential symptoms of Dupuytren Disease.

Dr Cameron Mackay, who specialises in hand and reconstructive surgery, said the disease, while common, was extremely complex and guidance on treatment was best left to the experts.

“Dupuytren Disease is a very common condition, however it’s also extremely misunderstood, so the first step of any treatment should be the referral to a specialist who can provide the right advice,” he said.

“While surgery is the mainstay of treatment, there are a number of non-surgical options too, so it’s important that all options are discussed and considered with a specialist.”

Dr Mackay said Dupuytren Disease involved the forming of abnormal scar tissue within the normal fascia and fascial planes (connective tissue) of the palm and fingers. He said the cause, however, still remained a mystery.

“The cause can be hereditary, but the precise biochemical and signalling disruption which causes the disease remains poorly understood,” he said.

“As a result, we’re left with a disease that is extremely common and benign, yet it is incurable and has significant impact on a patient’s hand function.”

Dr Mackay said presentation of the disease also varied greatly, adding to its complexity.

“It commonly affects the ring finger and then the little finger in turn, but in the most severe cases all fingers including the thumb are affected, and the limitation on overall hand function can be significant and disabling,” he said.

Dr Mackay said there were a few ‘classic’ symptoms, which doctors could look out for in order to refer immediately.

“If the MCP joint contracture is greater than 30 degrees, if the patient is unable to place their hand flat on a table and if there’s any contracture of the PIP joint, they may be a candidate for intervention,” he said.

Dr Mackay said patients may present to their GP with more minor symptoms, but should still be referred for opinion if they are worried.

“A consultation with a hand surgeon in this situation can at least reassure the patient in the instance that it’s a more minor disease, or potentially intervene if there is a problematic nodule or cord,” he said.

“In many cases, initial referrals do not result in surgical intervention and merely consist of a discussion and provision of information.”

Current safe treatment options for the disease include minimal access fasciotomy, collagenase injection (to rupture the cord with enzyme) and surgical fasciectomy.

Other interventions have been proposed but may be unsafe or have significant long term effects.

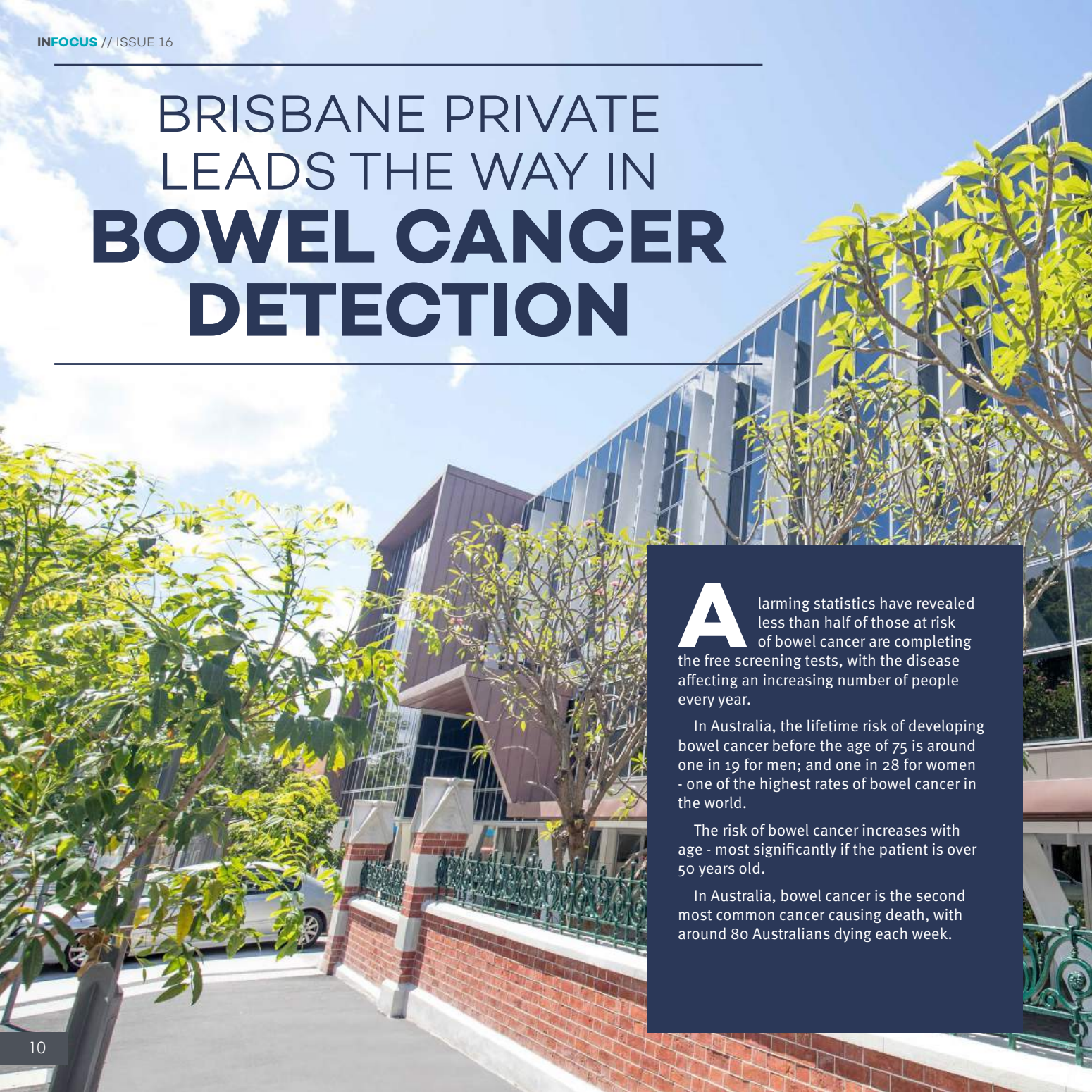
Regardless of the specific treatment path, Dr Mackay said early referral would allow the specialist to discuss the disease with the patient and go through their options.

“This will then provide the patient with clear information on the best next steps of treatment,” he said.

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BRISBANE PRIVATE LEADS THE WAY IN BOWEL CANCER DETECTION



Alarming statistics have revealed less than half of those at risk of bowel cancer are completing the free screening tests, with the disease affecting an increasing number of people every year.

In Australia, the lifetime risk of developing bowel cancer before the age of 75 is around one in 19 for men; and one in 28 for women - one of the highest rates of bowel cancer in the world.

The risk of bowel cancer increases with age - most significantly if the patient is over 50 years old.

In Australia, bowel cancer is the second most common cancer causing death, with around 80 Australians dying each week.

Up to 90 per cent of bowel cancers can be successfully treated if detected early so gastroenterologists Tony Rahman and Ruth Hodgson are urging people to undergo screening.

The pair are driving an awareness campaign to promote the important role that the National Bowel Cancer Screening Program (NBCSP) and colonoscopies play in early diagnosis and survival.

Dr Hodgson said the uptake of the NBCSP was less than 50 per cent so she is calling on GPs to help encourage patients to 'take the test'.

"Bowel cancer is preventable and the faecal screening test is designed to catch conditions or symptoms before they become an issue," she said.

"If the faecal screening test is positive, or a patient is experiencing symptoms including rectal bleeding, change in bowel habits or weight loss, referral for an expert colonoscopy should be priority."

Dr Rahman said a high-quality colonoscopy was one of the best methods of detecting, or ruling out, bowel cancer.

He said most colonic polyps could be removed before they turned cancerous so access to a high-quality endoscopy and colonoscopy service, such as the one at Brisbane Private, was crucial in the prevention of bowel cancer.

"Brisbane Private provides a safe, comfortable and caring environment, with a clear and well-defined process that is easy for patients to understand at a time when their anxiety may be significant," said Dr Rahman, who is involved in a range of national initiatives to improve delivery and quality of colonoscopy.

"The patient-centred hospital gives individualised and tailored information about the colonoscopy procedure, taking the time to explain the preparation required to make the test most effective."

Dr Hodgson said treatment for pre-cancerous polyps was very straightforward and could be highly effective if handled by an expert.

"Colonic polyps can be removed endoscopically, but if it has already developed into cancer, the treatment

could involve a combination of surgery, radiotherapy and chemotherapy," she said.

"While treatment methods for bowel cancer can be effective if administered early, prevention is always better than cure so we urge all Australians over the age of 50 to get screened for bowel cancer as soon as possible."

Both Drs Rahman and Hodgson provide colonoscopies for the NBCSP and are involved in courses and workshops to improve the quality of colonoscopy.

FOR MORE INFORMATION CONTACT:

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Gastroenterologist, hepatologist and endoscopist Tony Rahman, and gastroenterologist and endoscopist Ruth Hodgson are co-founders of Brisbane Gastro. The private practice offers a comprehensive service including investigation and treatment of all GI disorders including Irritable Bowel Syndrome, gastro-oesophageal reflux disease, diarrhoea, abdominal pain, rectal bleeding, change in bowel habit, nausea and vomiting.

The pair work closely alongside specialist GE dietitian Elissa Robinson of Inner Health Nutrition to provide patients with comprehensive care.

Dr Rahman specialises in all endoscopy, colonoscopy and hepatology and offers fibroscan; Dr Hodgson has specialist expertise in inflammatory bowel disease, nutrition and intestinal failure, and oesophageal motility disorders.



LEFT: GASTROENTEROLOGIST AND ENDOSCOPIST RUTH HODGSON

ABOVE: GASTROENTEROLOGIST, HEPATOLOGIST AND ENDOSCOPIST TONY RAHMAN

SURGEON BRINGS GLOBAL BEST PRACTICE TO BRISBANE PRIVATE

The restoration of form and function after hand and wrist trauma is paramount, according to plastic surgeon Dr Andrew Hadj, who is bringing the most cutting-edge surgical treatments to Brisbane Private Hospital.

After extensive training at Melbourne's leading hand trauma centres and a recently completed esteemed hand and wrist fellowship in London, Dr Hadj is applying the very latest principles of reconstructive surgery to ensure normal anatomy and optimal function, including local flaps, skin grafts and microsurgery, through to free tissue transfer for the most significant hand trauma cases.

Dr Hadj's fellowship at the Guys' and St Thomas' Hospital in London involved all areas of surgical training - from significant adult and paediatric hand trauma, through to elective surgery.

"I also trained in specific wrist surgery including joint replacement, joint fusion, wrist arthroscopy and degenerative joint disease management, including rheumatoid and osteoarthritis," said Dr Hadj.

"Now the fellowship is completed, I am able to bring this knowledge and training back to Australia and offer complete and comprehensive care for all hand and wrist pathology, with the most up-to-date surgical and non-surgical treatment for all conditions."

Dr Hadj said most of his work through his private practice at Valley Plastics was in trauma.

"Hand surgery trauma is my key area of interest," he said.

"From finger tip replantation to more significant arm and limb injuries, each have different reconstructive challenges and I am passionate about working with my patients to restore mobility and improve their quality of life."

While Dr Hadj is one of Brisbane's go-to hand and wrist trauma specialists, he is also a leading plastics and reconstructive surgeon in the areas of degenerative joint conditions, skin cancer surgery, breast and reconstructive surgery, restorative facial surgery and upper and lower limb reconstructive trauma surgery.

"I enjoy the restorative and enhancing aspects of plastic surgery and ultimately like to ensure my patients become both confident and empowered from the results," said Dr Hadj.

"Whether it is skin, facial, trauma or aesthetic surgery, my greatest satisfaction is when a patient's expectations are surpassed and their quality of function, their quality of life and their outcomes are as ideal as can be."



ABOVE: PLASTIC SURGEON AND HAND AND WRIST TRAUMA SPECIALIST, DR ANDREW HADJ

DR ANDREW HADJ
PLASTIC SURGEON

KEY SPECIALITIES

- Hand and wrist trauma
- Degenerative joint conditions
- Skin cancer surgery
- Breast and reconstructive surgery
- Upper and lower limb reconstructive trauma surgery

No matter the part of the body requiring treatment or surgery, Dr Hadj said quality and affordable care underpinned the treatment of every one of his patients. To this end, he provides both no-gap and known-gap service for his patients, depending on the type of surgery they require.

"The process of undergoing surgical care - including consultation, pre-surgical planning, surgery, anaesthetic and hospital costs, as well as post-operative management - should not require patients to undergo undue financial strain. This is something I'm very passionate about," said Dr Hadj.

"It really needs to be made clear to each patient.

"I encourage my patients to seek a second opinion before committing to any surgeon if they have concerns about cost or feel their concerns haven't been addressed.

"Clearly, not all cases will require surgery, however every diagnosis and each treatment option should be comprehensively discussed with the patient so they can make the most informed decision about their own care."

FOR MORE INFORMATION AND REFERRALS CONTACT:

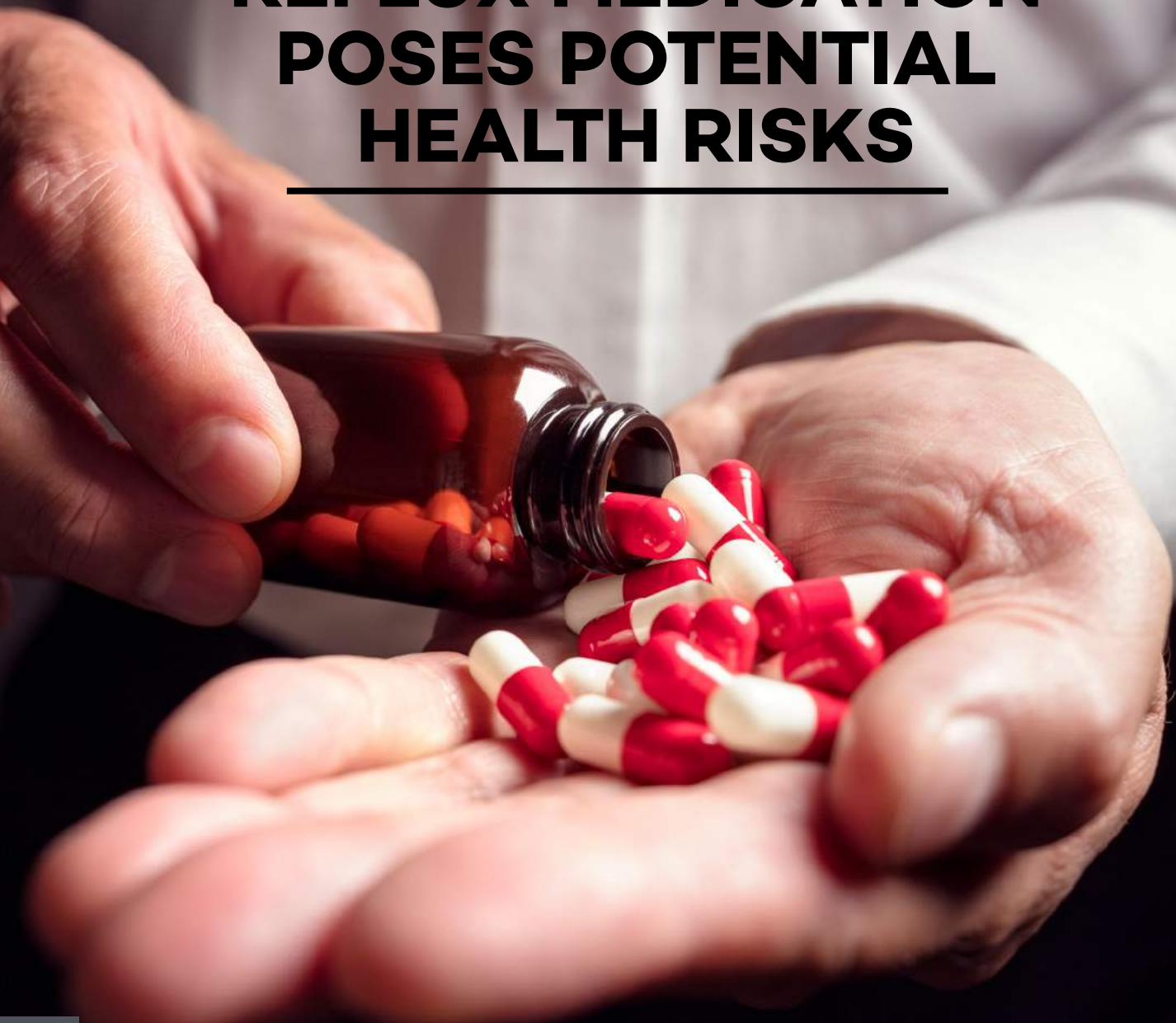
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REFLUX MEDICATION POSES POTENTIAL HEALTH RISKS



ABOVE: GASTROENTEROLOGIST DR GAUTAM RAMNATH

A Brisbane Private gastroenterologist is calling on tougher restrictions for prescribed reflux medications, claiming patients are taking the tablets for far longer than required.

Dr Gautam Ramnath said the acid reflux drugs, also known as Proton Pump Inhibitors (PPIs), are used to suppress acid production in the stomach and are among the most widely sold drugs in the world.

"People use them all the time for reflux, heart burn or other stomach issues - they've been around for a long time," he said.

"However, all too often patients are being prescribed the drugs without a treatment plan or 'end date' for when to stop them.

"If doctors are going to prescribe the drug, they need to give patients an idea of how long to take it for.

"They need to specify if it's everyday for a month or three months - not just when they feel like it."

According to Dr Ramnath, a patient's gastrin levels will actually increase the longer they take acid suppression medication.

"This becomes an issue when the patient stops taking the medication. Their acid production usually spikes for 1-2 weeks, and this then prompts them to go back to taking the medication," he said.

Dr Ramnath said recent studies had linked long-term use of the drug with cancer.

"A recent study published in the journal, Gut, identified an association between long-term use of PPIs and a 2.4 times higher risk of developing stomach cancer," he said.

"While this particular study could not 100 per cent link the cause and effect, doctors were advised to exercise caution when prescribing long-term PPIs."

Dr Ramnath said while the tablets did have a temporary place for assisting patients with acid and heartburn issues, a more holistic approach should be taken with their treatment plan.

"As well as taking the tablets for a specific amount of time, other investigations should also take place," he said.

"A patient's weight should be looked at, the risk factors for decreasing gastric emptying - including diabetes - should be considered, and in some cases an endoscopy is useful to see if there's anything else going on.

"Limiting night time meals as much as possible and reducing any midline weight excess can have a beneficial impact, equivalent to acid suppression, in the long term.

"These basic interventions should remain the core of reflux therapy and will increase our chances of reducing the use of PPI medication."

FOR MORE INFORMATION AND REFERRALS CONTACT:

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DR GAUTAM RAMNATH

GASTROENTEROLOGIST

KEY SPECIALITIES

- Complex Gastroenterology
- Hepatology
- Acute bleeding and Anaemia
- IBS
- Endoscopy
- Colonoscopy
- Liver disease

STATE-OF-THE-ART OESOPHAGEAL TECHNOLOGY COMES TO BRISBANE PRIVATE HOSPITAL



Patients suffering gastrointestinal conditions now have access to a new treatment after innovative technology was introduced to Brisbane Private Hospital.

Specialist surgeon, Professor Ash Memon is pioneering the cutting-edge technology that combats gastro-oesophageal reflux disease (GORD) and a range of oesophageal motility disorders, including dysphagia, achalasia, chronic intestinal pseudo-obstruction, gastroparesis, diffuse oesophageal spasm and functional chest pain.

Prof Memon said the new technology was a significant step forward in the management of gastrointestinal conditions and ensured patients could be promptly diagnosed and treated, helping the increasing number of people suffering from these often debilitating diseases.

"This tool provides essential information, particularly for the pre-operative evaluation of patients being considered for anti-reflux surgery and motility disorders, and is a significant step forward in treating this disease," he said.

"This is an incredibly valuable asset to have at the hospital, and one that will be of great benefit to many patients."

GORD, a digestive disease in which stomach acid or bile irritates the oesophageal (food pipe) lining, is one of the most common gastrointestinal conditions in Australia, affecting an estimated 10 to 15 per cent of the population, with a rising prevalence.

Studies have revealed those suffering from GORD can experience a reduced quality of life comparable to other chronic diseases such as diabetes, arthritis and cardiovascular disease.

The new technology, called the ManoScan™ ESO Z High Resolution Impedance Manometry and the Digitrapper pH-Z, are the most advanced monitoring systems of their kind.

The ManoScan™ ESO Z provides a circumferential assessment of bolus movement as well as physiological mapping of the oesophageal motor function from the pharynx to the stomach with a single placement of a catheter.

Bolus movement, as it's called, refers to how food, mixed with saliva (called a bolus) moves through the digestive system.

Prof Memon said the incorporation of impedance measurement with high resolution manometry improved the ability to predict the success or failure of bolus movement through the oesophagus.

"The Digitrapper® pH-Z monitoring is a catheter-based test using a combination of pH and impedance sensors for the identification of reflux at multiple locations, including the oesophagus and pharynx," he said.

"The data collected from this system differentiates acid and non-acid reflux in patients with an array of symptoms.

"With these measurements, I can evaluate the number of reflux events, the acid content of each event and how long each event lasted, giving me vital information for the pre-operative evaluation of patients being considered for anti-reflux surgery.

"This new service will ensure patients currently suffering with GORD or oesophageal motility disorders are diagnosed promptly thereby facilitating their subsequent treatment and relief of symptoms.

"The technology will complement my current surgical and endoscopy services."

**PROFESSOR
MUHAMMED
ASHRAF MEMON**
SPECIALIST SURGEON

KEY SPECIALITIES

- Laparoscopic surgery
- Gastrointestinal surgery
- Bariatric surgery
- Gastrointestinal endoscopy

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NEW THEATRES OPEN

Patients suffering gastrointestinal conditions now have access to a new treatment after innovative technology was introduced to Brisbane Private Hospital.

Brisbane Private Hospital has installed some of Australia's first fully-integrated theatres with 4K monitors and voice control, giving surgeons access to new capabilities and increased efficiencies in the operating theatres.

The hospital's recent redevelopment incorporated the construction of four additional theatres - two of which are now operational, with the others to open during 2019.

The new state-of-the-art theatres feature the latest technology, including voice recognition that can control surgical equipment, power, settings, recording and imaging.

The 'Stryker iSuite' theatres also include integrated messaging between operating rooms, staff and patients families which improves communication, aids in room set-up, streamlines theatre processes and allows families to be easily contacted.

'Smart profile' settings enable customised profiles allowing theatre staff to seamlessly prepare rooms for cases ensuring lights are set to the right colour and temperature, and equipment like endoscopy and imaging technology is custom-set for the individual case - saving critical time pre-and-post operation.

In addition, the latest 4K monitors allow surgeons and theatre staff to view images and record surgeries in high definition.

Director of Nursing Jason Burton said the new operating suites raised the bar in surgical standards and had been designed to enhance the experience of surgeons and staff by providing an optimal working environment for a variety of specialties.

He said the hospital had invested more than \$8.5 million into the new theatres to ensure doctors had all the tools to deliver the best possible patient outcomes.

"We are one of the only hospitals in Australia with the latest version of this technology which is not only hugely beneficial for our patients, it also helps us to attract high quality staff and surgeons who want to work with the best equipment available," he said.

"Brisbane Private has already welcomed a large cohort of new doctors and we plan to continue to expand our specialities and services with the increased capacity and capabilities."

Mr Burton said features such as the integrated video linking system, streamlined communication between operating theatres, and high definition recording for teaching and case conference purposes made the new theatres safer and more user-friendly.

"The new equipment allows us to step into the realm of teaching by giving us the capability to live stream cases to the conference room so people can observe and learn," he said.

"The ability to capture videos and still images in high definition enables surgeons to more accurately document each case, helping our multidisciplinary teams to easily review and discuss individual patients and treatment plans.

"Video integration and voice-recognition allows the surgeons and staff to control the full range of video inputs and the dissemination of information, enabling quick and easy display of x-rays, ultrasounds, MRIs or other studies necessary for the doctor in any particular surgery.

"The theatres comprise many elements that contribute towards enhanced safety while providing efficiencies through a variety of functions, including the ability to communicate with nurses and anesthetists to ensure seamless transitions and turn-over times between surgical cases.

"This ability to communicate between theatres will help with efficiencies, enabling surgeons to prepare for surgeries in a timely manner, and for easier communication with families to update them on how surgery is progressing."

Brisbane Private now has 15 operating theatres and 181 beds – almost all of which are in private, ensuited rooms.

ASSOCIATE PROFESSOR DAVID HEWETT

GASTROENTEROLOGIST
MBBS MSc PhD FRACP



Associate Professor David Hewett is a gastroenterologist, therapeutic colonoscopist and health services researcher. He specialises in colonoscopy, and has expertise in colorectal cancer screening, polyposis/familial cancer syndromes, and advanced colonoscopy techniques.

After graduating MBBS with honours from the University of Queensland, Assoc Prof Hewett undertook clinical and research training at the Royal Brisbane and Women's Hospital, before completing post-doctoral studies at Indiana University in the United States. It was here that he developed advanced skills in the technical performance of colonoscopy, including the

resection of large colorectal polyps, and led the development and validation of the NICE classification, which has become the global standard for optical diagnosis of colorectal polyps.

Assoc Prof Hewett's clinical research focuses on improving the effectiveness of colonoscopy for bowel cancer screening, and he has been published widely on new colonoscopic techniques and methods to improve physician performance of colonoscopy. He also has interests in health systems research and medical education, including quality of patient care, intergroup relations, and procedural skills training.

Assoc Prof Hewett is active in national colorectal cancer policy and training initiatives. He is a member of national advisory boards for the National Bowel Cancer Screening Program and Lynch Syndrome Australia. He chairs the World Endoscopy Organisation (WEO) expert working group on image-enhanced endoscopy, and is a member of the editorial board for *Endoscopy*.

FOR MORE INFORMATION OR REFERRALS CONTACT:

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DR JASON PATERDIS

UROLOGIST
MBBS FRACS



Dr Jason Paterdis is a urologist with expertise in all fields of general urology and sub-specialty fellowship training in robotic surgery, focusing on minimally invasive urological oncology.

He obtained a fellowship from the Royal Australasian College of Surgeons and graduated with first class honors in Bachelor of Medicine and Bachelor of Surgery from the University of Queensland.

Along with vast experience in robotic radical prostatectomy, Dr Paterdis also performs robotic kidney surgery (radical nephrectomy, partial nephrectomy and pyeloplasty).

He utilises the latest technology in prostate cancer diagnostics including MRI guided prostate biopsy, trans-perineal prostate biopsy and PSMA scanning, providing a tertiary state-wide referral service for complex prostate cancer diagnostics.

Dr Paterdis is a registered specialist for the Medical Board of Australia and a member of the Urological Association of Australia and New Zealand.

Along with his role at Brisbane Private, Dr Paterdis is the director of urology and consultant surgeon at the Queen Elizabeth II Jubilee Hospital as well as a visiting medical officer at Greenslopes Private Hospital, Princess Alexandra Hospital and the Friendlies Society Private Hospital in Bundaberg.

Dr Paterdis is an associate lecturer with the University of Queensland and is involved in ongoing teaching, training and development of medical students and doctors.

Dr Jason Paterdis specialises in:

- General urology
- Advanced robotic surgery
- Minimally invasive urological procedures
- Prostatectomy
- Kidney surgery
- Prostate cancer diagnostics and testing

FOR MORE INFORMATION CONTACT:

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DR LINDSAY ALLEN

EAR NOSE AND THROAT SPECIALIST

MB BS FRACS (OTOLARYNGOLOGY)



He was in solo private and also public practice in Townsville for more than twenty years, establishing the present ENT department at the Townsville Hospital with teaching appointments through the University of Queensland and James Cook University.

For family reasons Lindsay has moved to Brisbane where two of his children live. He has joined like minded colleagues in a group practice called CompleteENT and consults at both Wickham Terrace and Northlakes. Surgery is offered at both Peninsula Private Hospital and Brisbane Private Hospital.

He is a fellow of the RACS and the Australian Society of Otolaryngology – Head and Neck Surgery.

FOR MORE INFORMATION OR REFERRALS CONTACT:

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Dr Lindsay Allen is a general ENT surgeon with broad experience and interest in treating the full spectrum of conditions affecting both children and adults, with a sub-interest in the assessment and treatment of snoring and sleep apnoea, and sinusitis.

Lindsay was born and educated in North Queensland before completing his undergraduate studies at the University of Queensland and his specialist training in Brisbane before obtaining further training and experience in Oxford, Belfast and Dublin.

DR TIMOTHY SMITH

UROLOGIST

FRACS (Urol), MBBS, BApSC (Med Sci)



Following the completion of his training, Dr Smith undertook a sub-specialty fellowship in robotic surgery at the Royal Berkshire Hospital in Reading, England. His fellowship training included robotic surgery for prostate, bladder and kidney cancer, focusing on the innovative 'retzius sparing' approach to robotic radical prostatectomy.

FOR MORE INFORMATION CONTACT:

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Dr Timothy Smith is a urologist specialising in general urology, with a sub-specialty interest in kidney, bladder and prostate cancer, and benign prostate conditions.

Dr Smith completed a Bachelor of Medicine and Surgery at the University of Queensland in 2008. He underwent surgical training at various locations across Queensland and was admitted as a Fellow of the Royal Australasian College of Surgeons in January 2017.

FOCUS ON: EDUCATION

Brisbane Private has had its busiest year of GP education seminars with 10 CPD events held to date covering topics including orthopaedics, neurosurgery, ENT, plastics and drug and alcohol rehabilitation.

We have one event remaining for 2018 in plastics to be held at the hospital on Saturday, November 3.

We are working on the schedule for 2019 with events to cover specialities including urology, ophthalmology, orthopaedics, geriatric rehabilitation, neurosurgery, drug and alcohol rehabilitation, ENT, general surgery and plastics.

Brisbane Private is committed to providing ongoing education for GPs through CPD events, information evenings and the InFocus magazine.



PLASTICS GP EDUCATION DAY

*GPs are invited to join us for this Category 2 CPD Seminar**

SATURDAY, 3RD NOVEMBER 2018

SCHEDULE:

8:30am – 8.55am..... Registration
 8.55am – 9.00am..... Welcome
 11.15am–11.30am..... Morning Tea
 12.15pm Lunch and Close

VENUE:

Ground level – Damascus Day Patient Unit (new building)
 Brisbane Private Hospital, 259 Wickham Tce, Spring Hill
 Free parking is available at Brisbane Private Hospital (entrance via Birley Street)

SPEAKERS:

Dr Brendan Louie Dr Matthew Peters
 Dr Cam Mackay Dr Sam Yang

TOPICS:

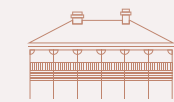
- Latest Melanoma Updates
- Hand Trauma
- Flaps and Grafts
- Breast Reduction Surgery

**Application has been made for Category 2 CPD accreditation and is subject to approval by the RACGP*

REGISTRATION:

Please register online via Eventbrite at:
<https://plasticgpeducation.eventbrite.com.au>

If you have any questions about this event, please contact Lisa Foley
 T: (07) 3834 6129
 E: lisa.foley@healthscope.com.au



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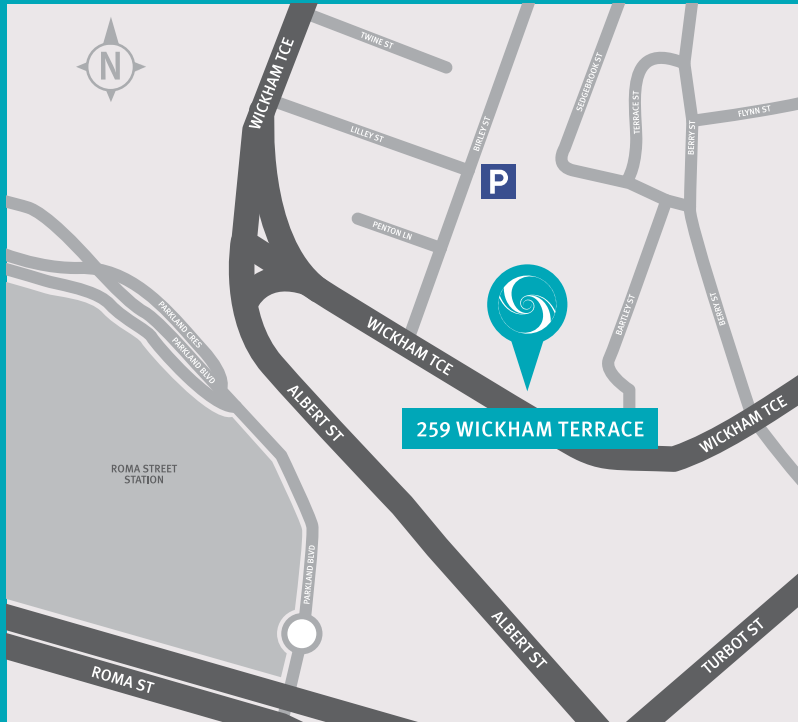


Brisbane Private Hospital is the city's leading inner city hospital treating over 20,000 patients each year.

Our 181-bed private hospital is conveniently located at the top of the Wickham Terrace, Brisbane's busiest medical precinct, in the heart of the CBD.

Brisbane Private Hospital offers a unique combination of specialist medical and surgical services, 24 hour Intensive Care Unit medical coverage and full time intensive care specialists. Our theatre complex performs over 15,000 procedures each year.

Our doctors are among Australia's leaders in research and practise and are committed to providing expert care in fields such as orthopaedics, neurosurgery, drug and alcohol rehabilitation, urology, ear, nose and throat, general surgery, rehabilitation, gynaecology, plastic surgery and endoscopy.



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