

INFOCUS



**BPH COVID SAFETY
MEASURES**

**PAEDIATRIC
KNOCK-KNEES AND BOW LEGS**

**ANTERIOR HIP REPLACEMENT
SURGERY FOR FASTER RETURN OF
MOBILITY AND FUNCTION**

ISSUE 20



Brisbane
PRIVATE HOSPITAL
by Healthscope



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GM UPDATE

BY CLAIRE GAUCI



2020 is definitely not the year any of us had planned! I want to sincerely thank you all for your patience and support as we work through the COVID changes.

We will get through this together and be stronger and more efficient than ever on the other side.

Keep an eye out for our fortnightly VMO and GP newsletters for regular updates on visitor restrictions and guidelines.

We also have an overview of our safety measures to date from Scott McDonald our Infection Control Manager in this Infocus.

On behalf of Brisbane Private Hospital I am delighted to welcome Jane Ghadiri, our new General Surgeon, Brendan Perry, our new ENT surgeon and Lorenzo Calabro, our new Orthopaedic Surgeon.

I have been working closely with them both and am confident they will provide excellent care for your patients when needed.

I hope you enjoy the other interesting articles featured on hip replacement surgery by Tyson Doneley, Paediatric Knock-Knees and Bow Legs by Sheanna Maine and Richard Williams celebrating 25 years of spinal surgery.

Thank you for your ongoing support of Brisbane Private Hospital.



BRISBANE PRIVATE HOSPITAL COVID SAFETY MEASURES COMMENDED BY PATIENT SURVEY RESULTS

Brisbane Private Hospital's (BPH) COVID Safety Measures have been highly commended by patients with an 89% highest approval rating for treatment and care in June 2020, as spikes in pandemic cases around Australia require a firm continuation of measures.

BPH Infection Control Coordinator Scott McDonald said the hospital's COVID Safety Measures were implemented from March 2020 when Queensland's pandemic plan came into effect for health organisations.

Mr McDonald said BPH had a strong leadership team to initiate and continue the hospital's existing plan to care for doctors, staff, patients and visitors, which began with an extensive education program around procedures for this particular virus.

"Staff undertook nine modules of education as part of our process and they continue to be updated and kept abreast of all changes as Government policy changes and as we learn more to help them manage new information and procedures for this pandemic," he said.

"To manage COVID we adapted our existing infection control plans for individual units and applied these to specific scenarios for management for that area, should a COVID case arise.

"We also put in place a screening program to screen everyone coming in to BPH at the front door and car park access points and educated all patients about our management plan, to provide the safest possible hospital environment we can for patients, visitors and staff."

"We will continue to use staff who only work at BPH and not agency staff who visit multiple sites to further protect everyone."



“Any staff member with any cold symptoms is also required to immediately leave and get a COVID test.”

He said in addition to the high patient ratings the hospital had received for treatment and care over the past few months, which were also over 82% for April and 87% for May, other positives from the crisis included an increase in appreciation of prevention control and general healthcare from the general public, and an increased uptake of flu vaccinations from staff.

“More than 90% of our staff are vaccinated for the flu this year, which offers even more protection to everyone in the hospital environment.

“The crisis has also delivered a vast amount of real-world leadership training to many staff as a result of the very fast-moving changes and I thank those staff who embraced the changes and worked with them so quickly.

“Overall, our COVID Management Program has been implemented with great understanding from staff and doctors and I would like to especially thank our cleaning staff, who play such a vital role in maintaining everyone’s safety, and the executive team, whose support has been great.”

Mr McDonald said BPH would maintain screening procedures and keep supply lines for PPE open and flowing as the pandemic situation is monitored, as well as continue with weekly teleconferences for the leadership teams to keep their responsiveness fluid.

“Operating theatres are very high-risk environments for COVID, which our doctors and theatre teams understand so well, so they have been very responsive when surgeries have had to be cancelled based on our measures and assessment of symptoms.”

Mr McDonald emphasised that everyone needed to remain aware that this pandemic was a brewing situation across the world and there was no room for relaxation as yet, because it was constantly changing.

“Victoria’s situation and emerging hotspots in New South Wales are examples of how quickly things change, so personal vigilance is as important as the plans health organisations have in place to manage this crisis.

“It is hard to keep people motivated to be aware over the long term, but we are prepared and already implementing great safety at BPH to manage our COVID journey.”

SIMPLE SURGERY RECTIFIES PAEDIATRIC KNOCK-KNEES AND BOW LEGS

Children suffering conditions of knock-knees (genu valgum) and bow legs (genu varum) can potentially avoid years of pain and complications thanks to a little-known, early-intervention, simple surgery.

Brisbane Private Hospital orthopaedic surgeon Dr Sheanna Maine said one of the techniques used in paediatric orthopaedics is to guide the growth of a child's growth plates to correct their alignment.

Dr Maine wants to generate awareness of guided growth because she said it was not well understood and many general practitioners may not be aware the surgery was possible.

"A lot of kids who present with knee pain secondary to knock knees have this dismissed as growing pains, as it is not thought of as being attributable to their alignment.

"In children who have knock knees or rotated bones, knee pain is a common feature. If children are suffering from pain in the knees and legs, it is important to consider if this might be the cause, due to the ongoing problems it can create in children as they advance to adulthood. In certain conditions, the patient may present with a functional problem such as their knees knocking when they run, or being unable to stand with their legs straight."

"If you can catch the symptoms early and correct alignment while a child is growing, you may prevent a complicated procedure down the track such as an osteotomy where bone is cut and fixed with plates and screws.

"This procedure uses a 2cm incision to insert a plate across the growth plate at the bottom end of the femur or at top end of the shin bone to correct the alignment of the limb growth. The bone remains intact, but the plate stops one side of the growth plate growing as quickly as the other. As a result, the bone alignment corrects as the patient grows.

"The immediate recovery means that the patient can walk soon after and there is no healing time other than the operation wound."

Dr Maine said that it is very difficult to research the long-term effect of malalignment because the studies need such a large number of patients to be followed for such a long period of time. She says we can be confident that in certain conditions, that malalignment will lead to arthritis.

"Guided growth is very important in the setting of other injuries, particularly those which affect joint cartilage such as Osteochondritis Dissecans, Meniscal injury and possibly even ACL injury. If we can ensure that a child's limb alignment offloads the damaged cartilage and protects the knee joint, then we may just prolong the life span of their knee and offer them much better function and quality of life as adults."

Dr Maine specialises in adult and paediatric lower limb surgery at the Queensland Limb Reconstruction Clinic at Brisbane Private Hospital. She treats paediatric patients as well as adults for deformity correction, limb lengthening, sporting injuries and knee replacement.



Dr Sheanna Maine has further information on guided growth on her website at <http://www.qldlrc.com.au/>.

She can be contacted via phone on (07) 3177 2779, on email at reception@maineorthopaedics.com.au or via <http://www.qldlrc.com.au/contact-us/>





New General Surgeon Welcomed

General and Bariatric Surgeon Dr Jane Ghadiri has joined Brisbane Private Hospital to offer a wide variety of procedures including laparoscopic and open abdominal surgery with a sub-specialisation in upper gastro-intestinal and bariatric surgery. In addition to being a sub-specialised upper GI surgeon, Dr Ghadiri is also an experienced endoscopist (upper and lower GI endoscopy).

“In recent years I have expanded my practice to include more and more endoscopic interventions including newer techniques of endoscopic suturing, which has many applications in both bariatric and non-bariatric settings.”

Dr Ghadiri is also fully trained in POEM (Per-oral endoscopic myotomy), which is an endoscopic procedure for the treatment of Achalasia, a serious motility disorder affecting the oesophagus, which can be difficult to treat.

She is one of only a handful of surgeons in Australia that can offer both the surgical and endoscopic options for treating Achalasia and is the only person in Brisbane who can do so, offering a tailored approach using the most appropriate treatment based on the patient and their condition.

With current statistics revealing that 79%* of weight loss surgery operations in Australia are performed on female patients, Dr Ghadiri’s presence as a female bariatric surgeon is a welcome addition for Brisbane Private Hospital patients.

Dr Ghadiri said her passion for bariatric surgery was based on the ongoing impact it makes on patients.

“In surgical practice most conditions arise acutely and then have a surgical procedure and are hopefully fixed. Often the patient’s life is only transiently affected and even though many of these conditions are life-threatening or morbid if left untreated, this potential is never realised with good timely surgical management.

“Bariatric surgery is very different. The condition is one that has often plagued people their entire adult life and sometimes even in childhood. It affects just about every aspect of their lives, including their physical and mental health, their abilities and often their perceived standing in society.

“People have usually tried all sorts of things by the time they come to see a surgeon, so they have a very good understanding of their condition, how it impacts them and how their own behaviours contribute to it.



“The good news is that, of all the tools available out there for weight loss, surgery has the best success in terms of how much weight people lose and the best longevity. So, it is really gratifying to be able to help people with a condition that has impacted their lives so much and to be able to offer them a fresh start.”

Dr Ghadiri said because of their long-standing relationship with their weight issues, often these patients were heavily invested in getting the best outcome and therefore they had a much better appreciation of what this surgery could offer them.

She said this made for a very rewarding practice, where life-changing effects can be seen, well beyond those which were directly attributable to the surgery itself.

“When patients lose weight after bariatric surgery, they are so happy and they often change other things in their lives to increase their happiness, which makes for very rewarding consulting sessions and brings me great joy as a clinician.

“Aside from the impact on the patients, there is also the potential reduction in the impact of obesity on society, including musculoskeletal issues, malignancies, mental health problems and more. Helping people while reducing the burden of disease is extremely worthwhile.”



Dr Ghadiri said one of the factors drawing her to Brisbane Private was her ability to offer a range of surgeries that have scope for growth within this facility.

“I am also enjoying the cohesive and supportive culture that makes this hospital so highly regarded,” she said.

After moving to Queensland from Iran at the age of 12, Dr Ghadiri has always faced her challenges head-on, taking the less travelled path for her career both in Australia and overseas.

Whilst her surgical training was based at the Alfred Hospital in Melbourne, Dr Ghadiri spent one year of it in Hobart and deferred her training for two years to practice in the north of England in Newcastle Upon Tyne, before returning to complete her training in Melbourne.

Her post-fellowship training was undertaken in Melbourne, however Dr Ghadiri took time out to regularly practice in less advantaged communities throughout rural and regional Australia, as well as the Solomon Islands.

Before joining Brisbane Private Hospital, Dr Ghadiri operated at Epworth Hospital in Richmond and Jessie McPherson Private Hospital in Clayton, for ten years.

She has always maintained a significant public practice to ensure that she is actively involved in teaching, which is also a passion of hers.

“For the last seven years I have been working as a staff specialist at Monash Medical Centre in Melbourne and as an adjunct lecturer through Monash University Melbourne,” Dr Ghadiri said.

“I have been teaching at all levels, from medical student to senior surgical trainees, and I have maintained a strong presence on various RACS (Royal Australasian College of Surgeons) course faculties.”

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<https://www.aihw.gov.au/reports/overweight-obesity/ahs-2014-15-weight-loss-surgery/>

SPINAL SURGEON WITH OVER 25 YEARS OF PRACTICE ADVOCATES CONSERVATIVE APPROACH



After more than 25 years as a spinal surgeon, Associate Professor Dr Richard Williams' passion for helping patients throughout Queensland and around the world continues to drive his Brisbane Private Hospital (BPH) practice, his regional visits and his giveback through lecturing the next generation of surgeons.

Lower backs, disc problems and nerve pressure, Dr Williams prides himself on his conservative approach to surgery, with only about 5% of his patients having an operation.

For many years, Dr Williams was Chief of the Spinal Unit at Brisbane's PA Hospital. He managed spinal cord injuries surgically with a very extensive treatment base and research capacity, and trained numerous doctors from overseas appointments.

In addition to his practice at BPH, Dr Williams' broad practice within spinal surgery includes being on the Medical Advisory Panel for Qld Workcover and work in medico legal reporting, plus a previous role with the Medicare Services Advisory Committee. These have all honed his skills at identifying and assessing which patients are going to benefit from back surgery.

He also has a subspecialty interest in cancer of the spine, undertaking extensive work with a group of international surgeons for years and having many papers published on the subject.

"I am conservative in my approach and careful with patient selection and who I think is going to benefit from the procedure, to assess whether or not it is going to create more of a problem for them than they already have.

"In that sense I'm always aware of trying to maximise people's physical capacity by rehabilitation before offering them an operation, and that's been a pretty successful formula over the years. We don't have many patients who are dissatisfied with their treatment because spinal surgery is only offered when it's become clear that it is required."

Dr Williams said there were many options for treating people before he performed an operation. He retained his only practice address at BPH because of the services on offer for patients.



Dr Williams said his conservative approach to spinal conditions was one of his points of difference the longer he practices.

“The number of spinal surgeons has increased in recent years, which has altered the threshold at which surgery is offered,” he said.

“I don’t like to offer a patient an operation on the first meeting I have with them. I like to get to know a patient a bit better and work through that process more completely, so that an operation is only a last resort option.”

This is also something that Dr Williams teaches medical students at the University of Queensland where he lectures as an associate professor.

His key piece of advice to students who want to specialise in surgery is that “patient selection is everything. The ability to choose the patients to assist with the operations we have available to us is the key to a successful practice.”

Dr Williams can be contacted on (07) 3834 7024
or via <https://www.brispine.com.au/>

“The BPH imaging (BPI) department is very strong in interventional radiology, which makes it reasonably uncomplicated to get someone a spinal injection, for example, if we are just trying to settle down a particular flare-up of their symptoms without doing any surgery.

“The BPI team are very receptive to getting people through at short notice, particularly people who travel from the country, and that is very important to me for patient care.”

In addition to referrals from outlying regions in Queensland and northern NSW, Dr Williams regularly travels to Mackay and Darwin to ensure that those in regional areas have access to senior medical expertise.

“My approach to working with regional patients is to coordinate their investigations before seeing them for the purpose of making sure they don’t have a second trip and to maximise their convenience.

“We try to screen through the referral request, work out what we are going to need to assess that person in one visit and if there is a treatment alternative. If there is, we can usually get that dealt with during that person’s visit to Brisbane, rather than have them return on a second occasion, which is helpful for them with current regional airfares being so high and so restricted.”



A portrait of a man with dark hair, smiling, wearing a dark suit jacket, a light blue shirt, and a patterned tie. The background is a blurred green outdoor setting.

**MEET BRISBANE PRIVATE'S
NEWEST
ORTHOPAEDIC SURGEON**



Establishing a new practice in the midst of a pandemic is something many surgeons will never face, but orthopaedic surgeon Dr Lorenzo Calabro can now add that to his list of achievements after joining Brisbane Private Hospital as part of The Brisbane Orthopaedic Clinic in March 2020.

Specialising in hip and knee surgery with a focus on sports injuries and arthritis in his modern, evidence-based practice, Dr Calabro was a physiotherapist for nine years before embarking on his medical career.

“My drive to become a surgeon was motivated by the same interests that got me into physiotherapy, but I wanted to be able to help people further with skills as a surgeon and use my understanding of a patient journey from multiple angles to assist them,” said Dr Calabro.

“The benefits of being a physiotherapist prior to becoming a surgeon include my long experience of dealing with musculoskeletal injury and having a very good understanding on non-operative options for patients.”

After finishing his orthopaedic training in 2017, Dr Calabro undertook additional subspecialty fellowship training in complex hip and knee replacement at the prestigious Royal Infirmary, Edinburgh and Brisbane’s Prince Charles Hospital. He also completed an international clinical fellowship specializing in orthopaedic trauma surgery in Bristol, UK.

“In addition to my practice at Brisbane Private Hospital and other locations and through my work in the public sector, I have a role in a tertiary centre doing a lot of the complex joint replacement work, so I perform a significant volume of standard and complex revision joint replacements.

“Hip replacements are fantastic procedures to be helping people with, because this surgery has been developed over a long period of time, is very successful and has great results for patients.”

Dr Calabro maintains a special interest in orthopaedic research and technology. He holds a master’s degree in biomechanical engineering and has authored numerous scientific publications and conference presentations.

“In my work at Brisbane Private Hospital and other locations, I am passionate about doing tried and tested joint replacement surgery very well, with a focus on research through my public sector commitments.

“I am involved in the development of a research registry and unit through my public work, with the aim of sharing evidence-based management options for both operative and non-operative management of arthritis and sports injuries.

“Many of my patients are amateur sportspeople, so for those who have had a number of knee injuries, they do tend to have a predisposition to arthritis.

“Arthritis tends to start affecting people aged in their 50’s in pretty big numbers in Australia, but having arthritis doesn’t necessarily mean a patient will need surgery.

“It does mean that I spend a lot of time talking over treatment options for those patients, which will be individually tailored for their management and ongoing care.”



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ANTERIOR HIP REPLACEMENT SURGERY Delivers Faster Return of Mobility and Function

Dr Tyson Doneley from Brisbane Private Hospital performs the recent advancement of Anterior Total Hip Replacement surgery on 90 to 95% of his patients. We explain how this emerging technique delivers strong advantages including early return of mobility and faster return of function for suitable patients.

Anterior Hip Replacement is a method of performing hip replacement through a very favourable surgical approach located at the anterior aspect of the hip joint. Technical innovations have recently allowed the anterior approach (first described in 1917 and routinely used for paediatric hip surgery) to be safely utilised for total hip replacement surgery.

Surgical Advantages

Dr Doneley said hip replacement performed using this approach offered numerous potential advantages compared to traditional total hip replacement including:

- Better post-operative comfort
- Early return of mobility
- Faster return of function
- Improved hip stability
- Accurate restoration of leg length
- No muscular denervation
- No muscular detachment/cutting

He said other benefits included: lower post-operative narcotic requirement; usually a shorter post-operative hospital stay and less use of assistive devices, because there were no hip precautions required post-surgery.

“Traditional total hip replacement comes with a set of rules for patients to follow for a minimum of six weeks, which includes patient briefings for specific positions for sitting, sleeping, toileting and more to avoid risk of dislocation.

“With Anterior Hip Replacement Surgery there are no hip precautions. This is due to the soft-tissue-friendly techniques used in surgery.

“Importantly for patients, we make sure they are walking the same day they have had the operation and that they are showered and in their own clothes as quickly as possible.

“Drains, urinary catheters and prolonged use of IV drips is avoided. All of these ‘enhanced recovery’ techniques are employed to emphasise that our patients are not ‘sick’ and are important factors in their recovery mindset.

“Everything we do with respect to the patient journey during their Anterior Approach total hip replacement surgery is planned to optimise a quick return to independence and normal function.”

Anterior Technique Explained

Dr Doneley said the Anterior Hip Replacement surgical approach is both inter-muscular, utilising the interval between two muscles, Tensor Fascia Lata (TFL) and Sartorius, and inter-nervous. The nerve supply for TFL is the superior gluteal nerve, and Sartorius is supplied by the femoral nerve. Navigating to the hip joint through the interval between these muscles ensures no risk of muscular denervation using this approach.

"A short (usually 10cm) bikini-line incision is made at the anterolateral groin. Following this, the TFL and Sartorius muscles are retracted to visualise the anterior hip capsule and underlying joint. The capsule is then opened to access the joint itself and allow surgery to proceed.

Throughout the surgery, no muscles or tendons are cut or divided. As such, post-operative comfort is usually excellent and intra-operative blood loss is usually minimal. These factors greatly influence the speed of post-operative recovery, return of function and length of hospital admission.

Supine positioning of the patient during the surgery allows for precise leg length restoration as well as stability checks. Given the lack of muscular/tendon cuts, stability of the hip replacement is usually excellent and no post-operative hip precautions are required.

Standard hip replacement components are employed during Anterior Total Hip Replacement Surgery. When performed well, anterior hip replacement is indistinguishable from classic "posterior" hip replacement on post-operative X-rays.

Research Outcomes & Training

Dr Doneley said research showed that while the short-term benefits were greater using anterior hip replacement, especially for minimising disruption to a patient's mobility, the long-term benefits were equal to traditional hip replacement surgery.

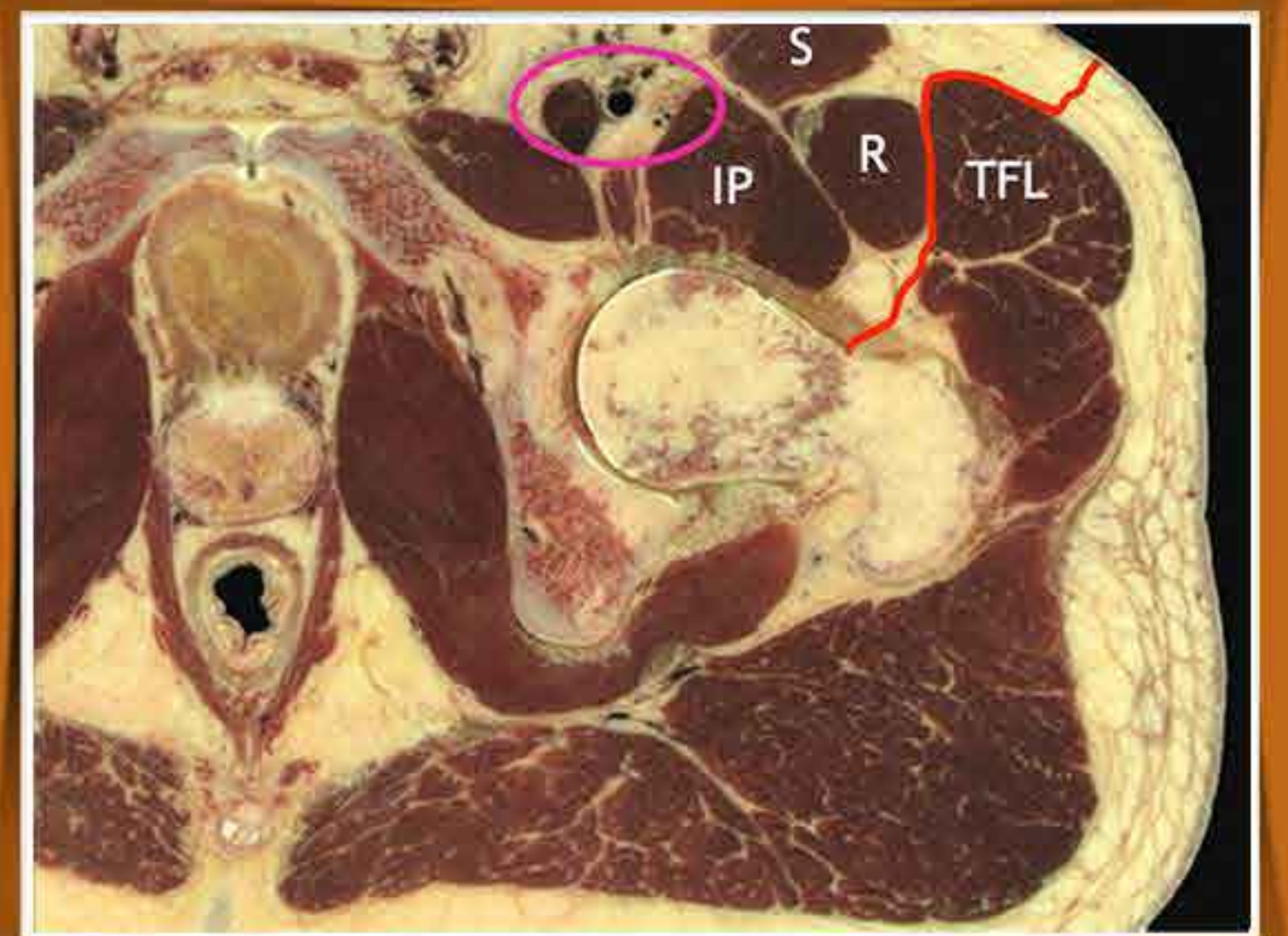
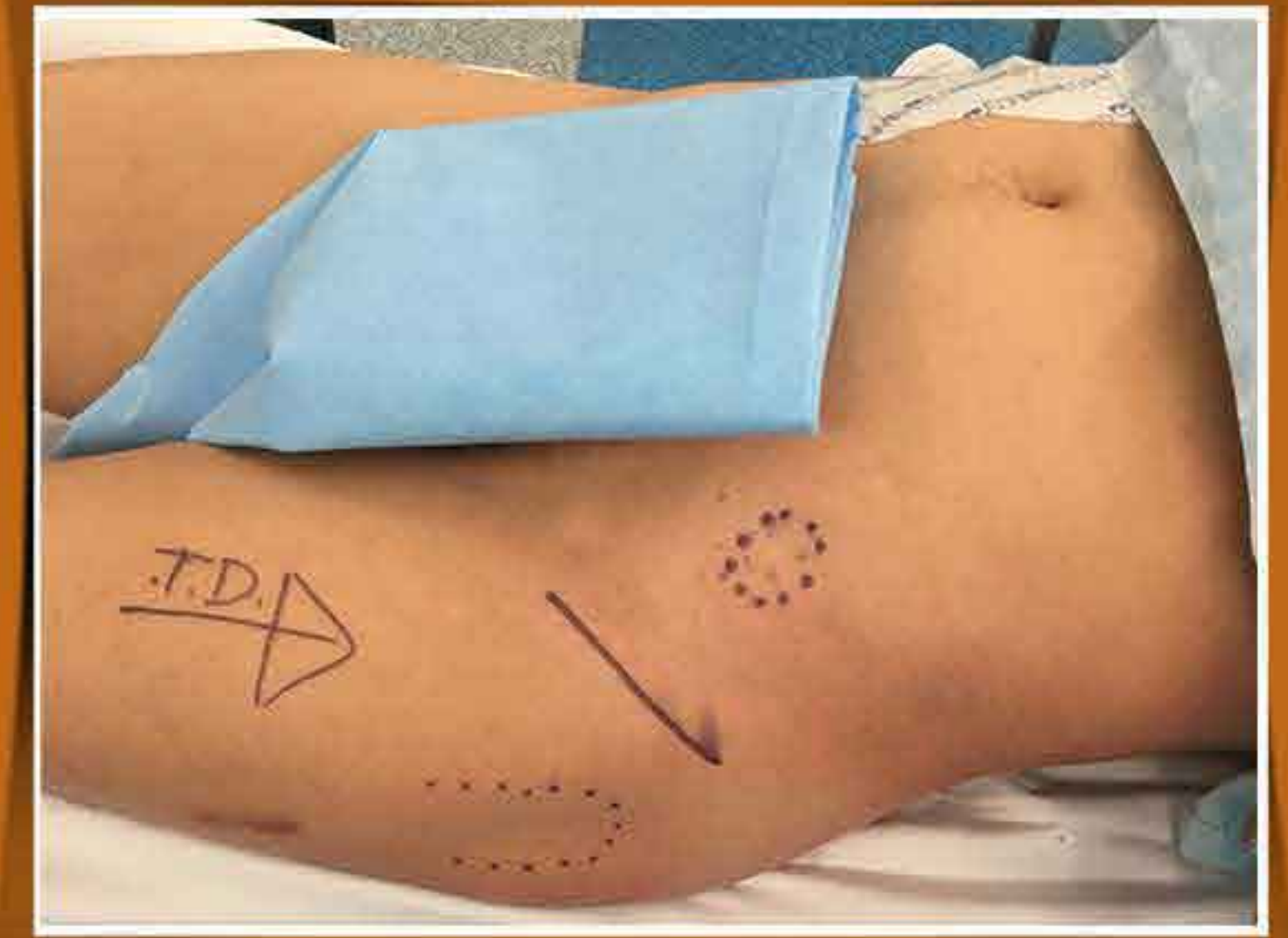
He said the greatest challenge provided to the surgery was the training needed for surgeons to apply this methodology because it is technically difficult to learn. "Training in Anterior Hip Replacement requires a significant investment of time and effort and, as such, is limited to a minority of dedicated hip surgeons. "There is, however, growing acknowledgement that this approach offers excellent (often superior) outcomes for patients and is rapidly gaining popularity as the approach of choice for total hip replacement."

Well established as a technique in Europe, especially in France, Belgium, the Netherlands and Austria, Dr Doneley said 40% of hip surgeons in the United States now use this technique, with popularity continuing to grow.

Dr Doneley has been performing anterior hip replacement routinely since 2015 with most procedures now taking only 55-70 minutes to complete.

In addition to performing the surgery Brisbane Private Hospital, Dr Doneley introduced the surgery to three different hospitals in Queensland and trains orthopaedic surgeons with the technique throughout Australia.

Dr Doneley can be contacted at The Brisbane Orthopaedic Clinic at Brisbane Private Hospital via (07) 3394 4577 or via email at reception@tysondoneley.com.au Further information: tysondoneley.com.au





NEW HEAD CHEF DELIVERS FRESH TAKE ON HOSPITAL MENU

When he arrived on Australian shores in 1991 from New Caledonia, Chef Philip Lethezer never imagined the career he would create or that he would use his years of high-level performance for the world's top airlines to help hundreds of patients at Brisbane Private Hospital (BPH) with a vital aspect of their healing and care every day.

Joining the hospital in February 2020 as Head Chef, Chef Philip has transformed its good menu into a great one, by changing the perspective of the team to the patient's point of view.

Under his guidance, the BPH team has refreshed the hospital menu to a new level by replacing all frozen ingredients with fresh ingredients delivered daily, and adapting the cooking methodologies for popular meals with home-spun versions from his native French-cooking and classic kitchens.

In conjunction with the BPH diet monitors, kitchen crew and staff, Chef Philip manages all of the hospital's food services including preparation and delivery for meals to 120 to 140 patients three times a day, a staff cafeteria catering to approximately 200 staff per day who use the facility across multiple shifts, plus 85 doctors who all have different backgrounds and needs.

With three rotational menus per week and hundreds of combinations of dietary needs, this job would be a big challenge to many. But 29 years ago, Chef Philip began his career with Ansett, then worked with Dnata, owned by Emirates, supplying meals to them and 27 other airlines and he was sous chef for Qantas for over 13 years, with 4 years of this as Singapore Champion.

"There are so many cultural, taste and dietary needs to cater for within the airlines, that it becomes second nature to create incredible menus for a vast range of people, every day.

"I have taken everything I have learnt from working with the airlines preparing menus and meals for thousands of people within a huge team, to our team here at Brisbane Private, and everyone has responded with enthusiasm and passion for the changes that we have made.

"For example, we are using all of the existing equipment to now slow cook our beef and pork for 12 hours for our roast meals. We need to ensure that people who are already in pain from surgery are helped in their healing with not just great nutrition, but great tasting meals so that they want to eat and strengthen their recovery.

"Our patients really love roast vegetables, which we challenge ourselves to cook perfectly every time, and there is a creamy chicken and leek pie on the menu that we serve in a bowl with a parmesan-pastry lid and fresh garnish. It's a very easy, simple dish that I have tweaked with my French mother-cooking, and we get overwhelmingly great feedback on it."

Chef Philip has also changed the level of presentation of the menu, with fresh garnishes and special touches of elegance now standard with each meal.

“When you are sick you want to be able to eat what you need and have the food you can eat taste as great as possible. That comes through excellent quality ingredients, cooking methods that keep the food as fresh and nutritious as possible and presentation that brings joy when you see it.

“A few patients like smoothies and even though they are not officially on the menu, our diet monitors know that we can help people with them. We will make one or two serves during service, usually a combination of kale, apple, celery, ginger, pineapple.

“It can make a huge difference to someone’s recovery to access food that they feel like and need and it’s so important to give them additional care and healing through their meals.

“Patients don’t choose a hospital based on its food, but it is an important part of their health journey and recovery as a patient in the hospital. If a patient is in for the fourth time for example, we need to be aware of their needs and they appreciate our effort with a varied and fresh menu.”

The greatest measure of success for Chef Philip is from patients who take the time to write messages of appreciation for their meals.

“One 80-year-old lady, who comes to the hospital for regular treatment, wrote on her last visit, ‘my compliments to the chef, I will miss his cooking,’ and that is the best reward for our team.

“If a patient has had an issue with a meal, I will go to the patient’s room to find ingredients for them, because I can deliver that personal touch and replace the negative experience. We are changing our culture so the team and I can share our passion for food as part of the patient care experience.”

With a young family that he now gets to spend more time with thanks to leaving the shift work necessary in the airlines, Chef Philip is satisfying his creativity at BPH with the challenge of a big kitchen, great colleagues and a strong support team.

“I tell my team that our main focus is to make patients remember our service, and our great feedback so far is showing that we are delivering on that.”





ANOSMIA IN A TIME OF COVID-19

Since the outbreak of the COVID-19 pandemic throughout the world, there has been increased media focus on early symptoms or signs which could act as a clue that a person may have contracted the virus, so as to trigger early isolation, and hopefully limit the spread of this devastating virus.

One of the symptoms which has garnered particular attention is a loss of smell, with some patients experiencing this early on in their illness.

Dr Brendan Perry, an Ear, Nose and Throat Surgeon at Brisbane Private Hospital, explained that current data suggests that the sudden loss of smell and/or taste may be present in up to 30% of COVID positive cases.

“Disorders of olfaction include a complete loss of smell, known as anosmia, and hyposmia which is a reduction in the smell sense. These symptoms usually also affect taste, as it relies on retronasal olfaction.

It is worthwhile asking about both of these senses when assessing someone for COVID 19, as the presence of one or both may be an important trigger for testing and isolation.”

Many theories have been proposed for how SARS-CoV-2 causes an altered sense of smell.

Initially it was hypothesised that the virus may directly infect the olfactory bulbs of the first cranial nerves and potentially the central nervous system.

A recent international collaboration has shown that the ACE2 gene, which is the entry point for the virus into a cell, is not expressed on these olfactory nerves.

Single cell sequencing has shown that ACE2 is expressed on the sustentacular, or support, cells in the olfactory cleft as well as in the perivascular cells.

Inflammation of these support cells is now believed to be the primary cause of olfactory dysfunction from SARS-CoV-2.

“While this evidence continues to evolve, it is important to reflect upon the other etiological causes of these symptoms, for cases where patients are reporting deficits in taste and smell to primary care and emergency staff, but are ultimately found to test negative to COVID 19.”

“The assessment is analogous to the assessment of hearing loss, and can be roughly divided by the site of dysfunction - so, conductive, sensory, or neural in origin”

Conductive disorders of smell include any obstructive cause that reduces the airflow to the upper part of the nose, known as the olfactory cleft. Common causes include nasal polyps, a nasal septum deviation, chronic rhinosinusitis, and other inflammatory conditions of the nose.

Sensory olfactory disorders are those that affect the receptors in the upper nose responsible for detecting smells, with certain viral infections directly affecting these cells responsible for one third of anosmia presentations.

Anosmia and hyposmia can also arise from neural causes, arising along the olfactory nerves or intracranially. This may be due to trauma affecting the nerve or brain, or rarely from intracranial lesions, which can often only be detected with MRIs.

Cigarette smoking and certain medications can also cause dysfunctions of olfaction.

“Some of the conditions which impact olfaction and taste can cause significant morbidity for the patient. Thankfully we can fairly efficiently clarify the cause of a patient’s symptoms through a combination of careful history and examination, an outpatient nasendoscopy, and sometimes radiological imaging. Appropriate management can then be recommended which may include lifestyle, medical, and/or surgical interventions”.

“No matter the cause, it is essential to discuss safety issues arising from anosmia which the patients may not have considered, including not being able to smell smoke, gas or other noxious substances. Patients should be informed to install fire and gas detectors, consider changing to electrical stovetops instead of gas, and adhere to food expiry dates to reduce the risk of food poisoning.”

In the age of COVID 19, asking about loss of taste and smell is becoming an important sentinel set of symptoms to ask about when assessing patients for this virus.

In cases where patients are not COVID positive, Ear, Nose and Throat Surgeons can be a resource to primary care and emergency colleagues, to assist in further investigating and managing these patients.



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In the midst of a pandemic, anxiety management, mindfulness, relaxation and gratitude techniques are more important than ever for frontline health staff. Damascus Health Services at Brisbane Private Hospital has shared this series of fast and effective techniques for health workers and patients to help them manage their response during the COVID-19 crisis.

Art Therapist Ann-Maree See from Damascus Health Services said COVID-19 has challenged many people's security and sense of control, increasing their anxiety and stress levels.

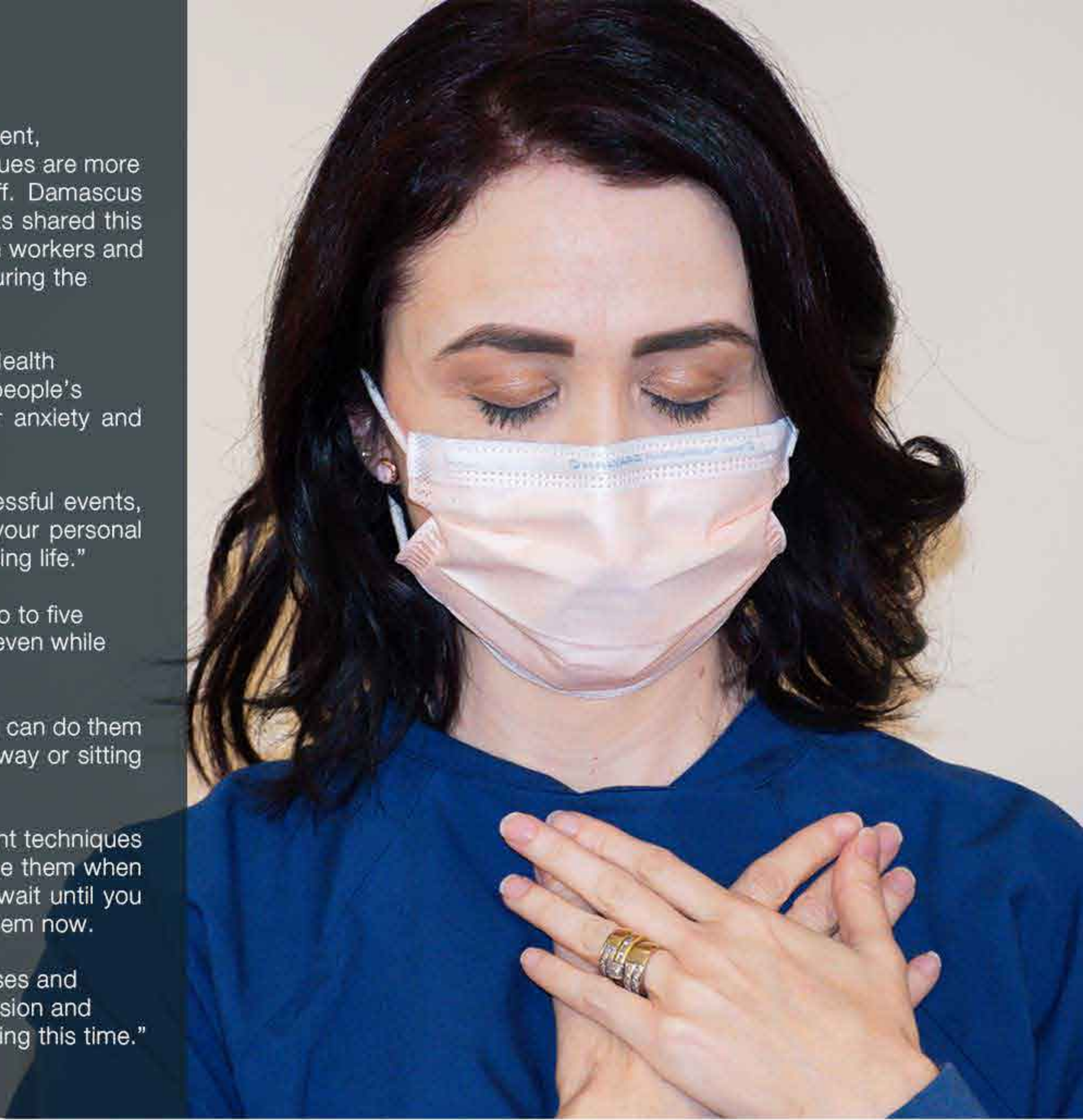
"Anxiety and fear are normal responses to stressful events, but it is important to find a balance between your personal wellbeing and work responsibilities in your working life."

Ms See said these techniques take between two to five minutes each, and can be done while at work, even while undertaking simple tasks.

"The strategies we are sharing are short, so you can do them at work, for example while walking down a hallway or sitting at your desk.

"The more we practice these stress management techniques when we are calm, the more likely we are to use them when our stress level builds up. My advice is to not wait until you really need them, but to become familiar with them now.

"It's important to not only practice these exercises and techniques, but to continue to practice compassion and kindness with yourself and your co-workers during this time."



STRESS MANAGEMENT TECHNIQUES FOR FRONTLINE HEALTH WORKERS

The techniques below cover four key areas: anxiety management and decision-making; mindfulness; relaxation; and gratitude.

1. MANAGE ANXIETY WITH THE 4-POINT DECISION-MAKING MODES

Consider:

1. Is it important?
2. Can I control it?
3. Avoid getting trapped by things you can't control.

	NOT IMPORTANT / TRIVIAL	IMPORTANT
CAN CONTROL	<p>1 CHOOSE TO DO OR NOT TO DO</p>	<p>2 ACTION DO IT</p>
CAN'T CONTROL	<p>3 LET IT GO OR LEAVE IT ALONE</p>	<p>4 ACCEPT, CHOOSE VALUES AND/OR CHANGE YOUR THINKING</p>

RESPONSE OPTIONS FOR EACH QUADRANT:

Quadrant 1	Quadrant 2	Quadrant 3	Quadrant 4
<p>No, it's not important (e.g. when to do the shopping)</p> <p>Yes, I can control it</p> <p>Therefore decide whether to act or not and AVOID wasting time and energy on this decision.</p>	<p>Yes, it is important</p> <p>Yes, I can control it</p> <p>ATTEND TO IT AS SOON AS POSSIBLE</p>	<p>No, it's not important</p> <p>No, I can't control it (e.g. caught in a traffic jam)</p> <p>Therefore LET GO</p>	<p>Yes, it is important</p> <p>No, I can't control it</p> <p>Learn to ACCEPT IT, Act on your VALUES and/or CHANGE your thinking about it</p>

2. MINDFULNESS

Mindfulness is recognised as an effective way to reduce stress, improve performance and increase fulfilment and satisfaction.

Mindfulness is an awareness process, not a thinking process. It is noticing or paying attention to your here-and-now experience in this moment and the next and so on. Mindfulness encourages us to be open and curious about all your experiences including the painful and difficult ones.

The Breathe Mindfully exercise is a simple mindfulness technique to help centre yourself and connect with your environment.

The exercise can be practiced throughout the day, especially any time you find yourself getting caught up in your thoughts and feelings.

1. Take a few moments to get comfortable and close your eyes or focus them loosely on the floor or wall.
2. Take a few slow, deep breaths. Focus on breathing out as slowly as possible until the lungs are completely empty and then allow them to refill by themselves.
3. Notice the sensations of your lungs emptying. Notice them refilling. Notice your rib cage rising and falling. Notice the gentle rise and fall of your shoulders.
4. Notice your thoughts. See if you can let them come and go as if they're just passing cars, driving past outside your home.
5. Expand your awareness and simultaneously notice your breathing and your body. Then look around the room and notice what you can see, hear, smell, touch and feel.



3. RELAX AND REGROUP – TOILET BREAK TECHNIQUE

Need a moment to regroup? Take a toilet break. The toilet break is essentially a time out period giving your unwanted thoughts time to settle enough for you to make an appropriate, value-directed action response.

This relaxation technique can be use whenever you feel tense, anxious, flustered or overwhelmed by self-doubt. It is fast, simple and effective in controlling both the physical and mental symptoms of anxiety.

Steps:

1. Stop what you are doing
2. Sit down or lean against a wall
3. Either close your eyes or focus your attention on your watch
4. Breath in deeply and slowly for 4 seconds
5. Hold your breath in for 2 seconds
6. Breath out slowly for 4 seconds
7. After 6 seconds, close your eyes (if not already closed) and imagine you are in your favourite place – somewhere relaxing and comfortable, continue to breath with the same rhythm
8. When you feel more relaxed, open your eyes
9. Plan your next move slowly and positively
10. Begin your next task whenever you feel ready

4. GRATITUDE

What benefits does practicing gratitude have on anxiety? Gratitude allows us to see past anxiety, increases optimism, alleviates stress, enhances relationships, reduces loneliness, improves sleep and improves mental and physical health.

Sounds good? Fortunately, gratitude can be cultivated. For the next few weeks, try some of the following exercises, and you should notice a significant increase in your feelings of gratitude.

1. Start a gratitude journal
2. Practice mindfulness
3. Acknowledge three things you are grateful for each night
4. Practice random acts of kindness
5. Start your day with gratitude
6. Find the positive in a difficult situation
7. Look for the lesson in a difficult situation

Damascus Health Services provides our clients with the opportunity to solve their problems and deal with the pressure and demands of everyday life, through specific programs and treatment.

Contact (07) 3834 6475 or

brisbaneprivatehospital.com.au/damascus-home/damascus

DR KONARA SUNETHRA SAMARAKOON

MBBS, MD, FANZCA, FFPMANZCA

SPECIALIST PAIN MEDICINE PHYSICIAN, SPECIALIST ANAESTHETIST



Dr Konara Sunethra Samarakoon is a Pain Medicine Specialist and Specialist Anaesthetist who uses a compassionate and multidisciplinary approach for the care of her patients.

She has special interest in persistent post surgical pain, neuropathic pain, pelvic pain, and pain associated with burns and orthopaedic trauma, with relevant interventional techniques emphasising the importance of functional restoration.

She is also a Senior Staff Specialist Anaesthetist in Queensland Health, Australia since 2010.

She obtained most of her training in Pain Medicine at the Professor Tess Cramond Multidisciplinary Pain Centre (Royal Brisbane and Women's Hospital), also in Persistent Pain Unit at Princess Alexandra Hospital and Axxon Pain Medicine, Australia.

Dr Samarakoon was admitted to Fellowship in Anaesthesia by Australian and New Zealand College of Anaesthetists in 2010 and since has worked in Queensland Health as Specialist Anaesthetist.

She has Fellowship in Pain Medicine by the Faculty of Pain Medicine Australian and New Zealand College of Anaesthetists and has actively engaged in educational and teaching roles such as Supervisor of Training for Anaesthesia and Senior Lecturer in University of Queensland.

Dr Samarakoon consults from the Axxon Pain Consulting suites on the ground floor of Brisbane Private Hospital.

To arrange an appointment for your patient with
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please contact: Phone: 07 3180 4400
Email: admin@axxonpain.com.au

DR JO-LYN MCKENZIE

MBBS (HONS), B. PHARM (HONS), FRACS (OHNS)

EAR, NOSE AND THROAT SURGEON



Dr McKenzie is a leading adult and paediatric Ear, Nose and Throat (ENT) surgeon with special skills in advanced Head and Neck Cancer surgery.

As well as treating all general child and adult ENT conditions such as glue ear and hearing loss, ear infections, tonsillitis, snoring and sinus problems - her areas of expertise include Thyroid, Head and Neck Cancer.

She is appointed as a surgeon at Princess Alexandra and Sunshine Coast University Hospitals and operates at Brisbane Private Hospital as well as other Brisbane private hospitals.

Dr McKenzie completed medical school with extensive academic Honours and prizes in Surgery and Medicine.

She was on the Dean's Honour List at University of Melbourne and was selected early to training as an Ear Nose and Throat Surgeon choosing to return to her home state of Queensland. Following her ENT training in Brisbane, she attained further subspecialty post-fellowship training at Princess Alexandra Hospital.

She is further extending her training in Rhinology, Endoscopic Sinus and Skull Base Surgery in London for 2021.

Dr McKenzie has sub-specialty interests in paediatric ENT, head and neck cancer, thyroid, nose and sinus.

She is focused on attention to detail, communication and patient-centered care which makes her a compassionate and caring doctor who can guide you and your family through your diagnosis and treatment options.

To arrange an appointment for Dr Jo-Lyn McKenzie
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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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