

INFOCUS

ART THERAPY PAINTS BRIGHTER FUTURE FOR ADDICTION SUFFERERS

HOSPITAL EXPANSION UNDERWAY

PATIENTS PUT THEIR
HANDS UP FOR RESEARCH

NEW TREATMENT
FOR LOW BACK PAIN



ISSUE NINE



Brisbane
PRIVATE HOSPITAL



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ARTIST IMPRESSION OF BRISBANE PRIVATE HOSPITAL EXPANSION



Brisbane Private Hospital
259 Wickham Tce.
Spring Hill, Brisbane 4000



INFOCUS

ISSUE 9

GM UPDATE

BY MAIRI McNEILL

It's an exciting time for Brisbane Private with construction now started on the first addition to the hospital in more than three decades. The new four-storey building is being erected at the front of the main hospital on Wickham Terrace and is expected to be complete late 2017 (page 3). All measures have been taken to minimise disruptions and we would like to thank everyone for their patience and understanding during this time.

The Brisbane Private courtesy bus is now operational and we encourage all staff, patients and visitors to utilise this free service (page 4). In addition our new 'end of trip' facility for cyclists is now open for staff on Level Y.

I would like to welcome our new specialist, gastroenterologist David Hewitt (page 20), along with our three new clinical care coordinators who have been employed to oversee all admissions and provide an 'end to end' experience for patients (page 18). I would also like to congratulate upper limb surgeon, Dr Darren Marchant, on his huge effort crossing the Simpson Desert to raise money for YoungCare Australia (page 14).

Lastly, I'd like to thank all GPs, doctors and staff for their continued support of Brisbane Private Hospital.



TOP TO BOTTOM: GLOBAL BUILDING COMPANY COCKRAM BEGINS CONSTRUCTION ON STAGE ONE OF THE HOSPITAL EXPANSION

CONSTRUCTION BEGINS ON HOSPITAL MASTER PLAN

Construction has begun on the first stage of the Brisbane Private Hospital expansion which will include a new \$50 million building on Wickham Terrace.

The new four-storey building will include a purpose built unit for Damascus Health Services and a 26-bed ward that will connect to the main hospital via a covered walkway.

Stage two of the master plan, which will commence late 2017, will include the construction of four new operating theatres in the existing hospital building, valued at more than \$5 million.

The expansion will be the first new addition to the Healthscope-operated facility in three decades.

Brisbane Private Hospital general manager Mairi McNeill said construction on stage one had commenced and was expected to be completed late 2017.

"The Brisbane Private Hospital master plan will cost \$58 million and include additional theatres, new inpatient facilities, 26 new acute surgical beds, consulting suites and retail space," she said.

"Stage one of the master plan will see the delivery of a new building on the site that was once our front car park.

"While we have progressively upgraded most of our existing wards as part of a \$10 million refurbishment over the past few years, the new building will be the first addition to the hospital since the 1980s."

The first two levels of the new building will house Brisbane Private's prescription drug and alcohol rehabilitation unit, Damascus, which will relocate its services from the main hospital.

The ground floor will be reserved for Damascus' day patients while levels one and two will be reserved for private inpatient rooms.

Level three of the new building will feature 26 acute surgical beds with a direct link to the orthopaedics floor of the main hospital, and level four will house 400sqm of new consulting suites.

Also included in stage one of the hospital master plan is the redevelopment of former consulting suites which will be developed into four theatres - two will be fitted out immediately and two will be finalised in-line with demand.

Ms McNeill said the expansion was a major milestone for Brisbane Private Hospital and would be a significant benefit for the Brisbane community.

"This exciting major development will bring a modern façade to Wickham Terrace, expanding our capacity to provide outstanding patient care in our key surgical specialities and drug and alcohol rehabilitation," she said.



FREE COURTESY BUS INTRODUCED

A courtesy bus is offering complimentary travel to and from Brisbane Private Hospital for patients, carers, visitors and staff, within the CBD.

The free shuttle, which is Brisbane Private-branded and has three pick-up points - Roma Transit Centre, Central Station and King George Square Station - and will travel four direct loops, arriving at the hospital every 20 minutes.

Brisbane Private general manager Mairi McNeill said the courtesy bus would make the hospital more easily accessible for patients and staff.

"The free shuttle is a community service designed to make it even easier for staff, carers, patients and visitors to access Brisbane Private Hospital," she said.

"We have put in a lot of work to get the shuttle up and running, including a lengthy approval process with Council, and are pleased we can now offer our patients an extra convenience as part of their hospital visit."

CONTACT NUMBER: (07) 3834 6111



Stops - pick up/ drop off locations		AM											
A	Wilson Car Park 1 Fortescue Street (only 3 loops for staff)	5:50		6:02	6:12								
B	Hotel Grand Chancellor Car Park Wickham Terrace (loading zone after driveway)	5:53		6:05	6:15								
C	Brisbane Private Hospital 259 Wickham Terrace	5:56		6:08	6:18	end of staff car park loop							

C	Brisbane Private Hospital 259 Wickham Terrace	6:30	6:50	7:10	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30
D	Roma Brisbane Transit Centre Bus Stop 125, 208 Roma Street (opposite Police HQ)	6:37	6:57	7:17	7:37	8:07	8:37	9:07	9:37	10:07	10:37	11:07	11:37
E	Central Station - Base Central /Palace Backpackers 255 Ann Street (near Cnr Ann Street & Edward Street)	clearway zone please use Roma St stop							9:41	10:11	10:41	11:11	11:41
F	King George Square Station Pullman Hotel - 2 Roma Street	6:41	7:01	7:21	7:41	8:11	8:41	9:11	9:43	10:13	10:43	11:13	11:43
G	Queens St Bus Station / Myer Centre Bus Stop 85, 277 Elizabeth Street	clearway zone until 9:00am						9:18	9:50	10:20	10:50	11:20	11:50
C	Back to Brisbane Private Hospital 259 Wickham Terrace												

Stops - pick up/ drop off locations		PM											
C	Brisbane Private Hospital 259 Wickham Terrace		12:00	12:30	1:00	1:30	2:00	2:30	3:00	end of service			
D	Roma Brisbane Transit Centre Bus Stop 125, 208 Roma Street (opposite Police HQ)		12:07	12:37	1:07	1:37	2:07	2:37					
E	Central Station - Base Central /Palace Backpackers 255 Ann Street (near Cnr Ann Street & Edward Street)		12:11	12:41	1:11	1:41	clearway zone please use Roma St stop						
F	King George Square Station Pullman Hotel - 2 Roma Street		12:13	12:43	1:13	1:43	2:13	2:43					
G	Queens St Bus Station / Myer Centre Bus Stop 85, 277 Elizabeth Street		12:20	12:50	1:20	1:50	2:20	2:50					
C	Back to Brisbane Private Hospital 259 Wickham Terrace												

PATIENTS ASKED TO PUT THEIR HANDS UP FOR RESEARCH

New research being undertaken at the Brisbane Hand and Upper Limb Research Institute aims to determine the best non-surgical treatments for osteoarthritis of the CMC joint.

The institute is conducting a four-armed, single blind, randomised controlled trial to investigate the clinical effectiveness of conservative management of osteoarthritis at the base of the thumb.

The trial will involve 200 patients recruited through referrals by Brisbane Private Hospital hand and upper limb surgeons.

The study aims to compare the effectiveness of Push® CMC orthosis, corticosteroid injection and hand therapy treatment in relieving symptoms and improving function in the CMC joint.

Research manager, Dr Phillip Cheras, said there had been no previous randomised controlled trial comparing the outcomes of these types of treatments.

"Conservative treatments are routinely offered by health care professionals to manage pain and symptoms, and to improve hand function and quality of life," he said.

"Surgeons would normally consider a period of about three months of some form of conservative treatment, with the option to move on to surgery after review, depending on pain levels and joint function.

"Each of our interventions have been shown individually to be beneficial to patients.

"We're looking at different combinations to see which one might be most beneficial and from this research, we will determine which of these conservative treatments is better over a three month period."

Eligible patients will be randomised to one of four treatment groups: Group A will receive hand therapy only; Group B will receive hand therapy and a Push® CMC orthosis to support and protect the joint; Group C will receive hand therapy and the steroid injection; and Group D will receive a combination of all treatments.

Every patient will receive a 15 minute hand therapy program to learn activity modifications and exercises to improve the strength of the muscles around the joint, minimising risk of further damage.

Participants will benefit from subsidised or free treatments, such as reduced cost of hand therapy, free Push® CMC orthosis and a bulk billed corticosteroid injection.

The Brisbane Hand and Upper Limb Research Institute was founded in 2010 by doctors Phillip Duke, Greg Couzens, Mark Robinson Snr and Associate Professor Mark Ross, who continue as the directors of the institute today.

Established to facilitate and coordinate research across the private and public sectors, the institute has published 42 peer-reviewed articles, including eight book chapters. It is currently performing, or in the process of publishing, over 60 research projects dedicated to improving the quality of health care, surgery and outcomes of people with upper limb conditions.

If you have a patient who suffers from osteoarthritis at the base of their thumb and believe they could benefit from the study you can obtain further information by contacting Anna Wishink on (07) 3834 7069 or email anna.wishink@research.upperlimb.com.

More general information about the Brisbane Hand and Upper Limb Research Institute and the various projects currently being conducted can be found at: www.upperlimb.com.



RESEARCH MANAGER, DR PHIL CHERAS INVESTIGATES THE EFFECTIVENESS OF NON SURGICAL TREATMENTS FOR OSTEOARTHRITIS OF THE CMC JOINT.

A-list celebrity Angelina Jolie's highly publicised surgery and an increased awareness of reconstructive options is giving more women the confidence to undergo breast screening, leading to a rise in early detection, according to plastic and reconstructive surgeon Matthew Peters.

Dr Peters said improved access to information, enhanced surgical techniques and an understanding of the importance of return to form and function, was continuing to alleviate anxiety surrounding mastectomy.

He said Brisbane Private Hospital had expanded its breast service to meet the increased demand and had recently introduced a general surgeon to perform the oncology side of breast surgery, giving patients access to mastectomy and reconstruction in a single operation.

"Prior to the publicity of Angelina Jolie's double mastectomy, a lot of women wanted to stick their heads in the sand about the BRCA1 gene," said Dr Peters.

"Many women who had a hereditary risk were opting for routine screenings instead of genetic testing because they were afraid a positive result would force them to make a tough decision that would drastically affect their body and appearance.

"We've seen a real change in that way of thinking and recently I have seen several women who, based on family history, have undergone genetic testing because they are less afraid of the aesthetics of breast amputation."

Dr Peters said after mastectomy, restoration of form and function was an important part of the healing process, making it crucial for women to have access to reconstruction.

"It is now mandated in certain parts of the world, including some states in the USA, that women with breast cancer have access to both an oncological surgeon and a plastic and reconstructive surgeon," he said.



GROWING CONFIDENCE LEADING TO EARLY DETECTION

"Breast reconstruction after a mastectomy is considered necessary both for psychological and physiological reasons.

"With general surgeon, Dr Ben Green, now on board at Brisbane Private, we can perform mastectomy and reconstruction in a single operation, which is a huge benefit for our patients."

Dr Peters said he had also seen an increase in women with problems like atrophy, tuberous breasts or significant asymmetry, choose to have breast rejuvenation surgery.

He said that in the past there had been a misconception that these types of surgeries were cosmetic, but that perception was slowly changing.

"People think that any breast surgery that isn't for cancer is cosmetic, which is nonsense," he said.

"Surgery for things like breast reduction and breast rejuvenation after post partum atrophy are life changing operations.

"The good news is, times are changing. Many people now accept that breast rejuvenation is not in the same realm as a traditional "boob job" so there is less stigma surrounding it."

PLASTIC AND RECONSTRUCTIVE SURGEON, DR MATTHEW PETERS, SAID IMPROVED TECHNIQUES IN MASTECTOMY AND RECONSTRUCTION WAS LEADING TO EARLY DETECTION

FUNCTIONAL MOVEMENT TRAINING GETTING PATIENTS BACK IN ACTION



Brisbane Private Hospital neurosurgeon David Johnson is calling for a shift in the way the medical industry approaches one of modern society's most common and debilitating ailments, by incorporating 'functional movement training' to treat the cause of low back pain.

Dr Johnson is leading the field in low back pain by approaching the condition as a neurological syndrome primarily consisting of corrupted movement patterns.

He has integrated functional movement training into his neurosurgery practice to treat the cause, rather than the symptoms of back pain, and his patients are seeing outstanding results.

Dr Johnson said functional movement training was the most efficacious way of retraining the nervous system, in particular the motor patterns originating in the brain that control movement.

"The current paradigm of treatment isn't working and is reflected by the incredibly high and growing prevalence of this condition in modern industrialised society," he said.

"The emerging evidence is that current conventional treatments, including surgery and conventional physical therapy, have disappointingly poor efficacy in controlling low back pain.

"This is because restoration of movement patterns is so frequently neglected in the overall management plan, which is critically important to patients with low back pain.

"To date, functional movement training has not been widely available as a mainstream primary treatment for low back pain; instead patients have been following

more conventional physical therapies targeting the musculoskeletal system, rather than the nervous system controlling the movement.

"Surgery, in selected cases, alongside core stability strengthening is important and necessary, but we still see poor results - not because the surgery was ineffective but because post-operative movement training was omitted."

Low back pain is considered Australia's leading cause of ongoing disability and poor health, according to the Australian Institute of Health and Wellness' Burden of Disease Study, affecting more than 80 per cent of Australians at some point in their lifetime.

It is the second most economically burdensome disease in modern society behind cardiovascular disease, costing the Australian economy \$8 billion a year.

"While the medical industry continues to adopt a symptom-based approach, the terrible statistics for low back pain management and failed surgery will continue," said Dr Johnson.



"The traditional approaches will mostly fail and reoccurrence will be high because the underlying root cause, which is the quality of movement, has not been corrected.

"If people were taught the correct default movement patterns, we could treat their low back pain simply, safely and cheaply."

Dr Johnson said focusing on anatomical targets as pain generators was often misguided.

"For the most part, these anatomical changes are degenerative and therefore are a very normal part of the aging spine," he said.

"I now approach low back pain as a neurological syndrome primarily consisting of corrupted spinal and pelvic movement patterns.

"Since adopting this approach, I have helped over 200 patients who failed numerous other therapies by engaging them in functional movement training with specialised coaches who have a different skill set to those of mainstream physical therapists.

"The results have been profound, effectively converting the worst low back pain patients - many of whom had tried and failed nearly every option imaginable - back into industrial and domestic athletes."

NEUROSURGEON, DR DAVID JOHNSON, INTRODUCES
FUNCTIONAL MOVEMENT TRAINING TO TREAT LOW
BACK PAIN WITH GREAT RESULTS

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MINIMALLY INVASIVE TREATMENT PROVIDING RELIEF FOR WOMEN

A five minute laser procedure that revitalises tissue cells and stimulates the production of collagen is changing the lives of women suffering from vaginal atrophy and incontinence.

The laser is also helping menopausal or peri-menopausal women where normal hormone therapies have been inadequate.

Known as the MonaLisa Touch, the laser can be used in conjunction with hormone therapy, as an alternative for those averse to hormone therapy, or for patients who have undergone chemotherapy.

The treatment is achieving significant improvements across a range of symptoms with no side effects or down time, allowing patients to return to their normal lives immediately.

First developed in Italy, the MonaLisa Touch is now found throughout the world and was introduced to Australia in 2013. It is recommended to be used only by specialised gynaecologists who perform a thorough investigation to evaluate if the treatment is suitable for a patient.

The treatment dramatically improves vaginal laxity, vaginal and vulval pain, itching, burning, dryness, dyspareunia, painful intercourse and incontinence, with most women experiencing a noticeable difference after just one treatment.

Brisbane Private obstetrician and gynaecologist Andy Stamatiou, who recently invested in the MonaLisa laser, said the treatment had exceeded his expectations and produced outstanding results for his patients.

"This innovative breakthrough is producing life changing results for women, many of whom have suffered in silence for a number of years," he said.

"The procedure does not normally require any anaesthesia, occasionally only topical anaesthesia, and most patients only need a maximum of three treatments.

"The procedure is suitable for all patients and is especially effective for those who have undergone chemotherapy where vaginal oestrogen therapy may be contraindicated."

The MonaLisa Touch works by stimulating the body's regenerative processes, creating more hydrated and healthy cells.

Dr Stamatiou said the treatment improved the integrity and elasticity of the vaginal walls which enhanced the function and health of the vagina.

"Traditional treatments like lubrications and botanicals are difficult to administer and the efficacy of them is questionable," he said.

ABOVE AND RIGHT: OBSTETRICIAN AND GYNAECOLOGIST, DR ANDY STAMATIOU NOW OFFERS MONALISA TOUCH FOR WOMEN SUFFERING VAGINAL ATROPHY

"Monalisa Touch is unique in the sense that it addresses the problem by stimulating cell regeneration and collagen production.

"It is a minimally invasive treatment that produces almost immediate results and has proven outcomes."

Dr Stamatiou said vaginal atrophy had physical and psychological effects on women and finding a treatment that worked was invaluable.

"Vaginal atrophy can be mentally and physically debilitating but it is not something you have to live with," he said.

"Up to 40 per cent of post-menopausal women experience vaginal atrophy which affects sexual function and quality of life, but unfortunately only 25 per cent seek medical advice.

"It can also affect younger women who have used the contraceptive pill for prolonged periods of time, breast-feeding mothers, and women who experience a traumatic delivery and as a result have severe perineal damage and scarring.

"With so many women affected by this condition, it is really exciting to have finally discovered a painless treatment that works and radically changes a woman's life."

Monalisa Touch is an evolution of the proven Smartxide DOT therapy fractional laser system, one of the most widely-used fractional lasers in dermatology.

A course of three treatments is recommended for most patients with a follow-up treatment annually.

FOR MORE INFORMATION CONTACT:

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Spring Hill Qld 4000

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ORTHOPAEDIC EDUCATION EVENT

SATURDAY, 29TH OCTOBER, 2016 • 8AM TILL 5PM

Pullman Hotel, Brisbane

General practitioners, allied health professionals and WorkCover delegates are invited to join us for this education event.

PRESENTERS INCLUDE:

Stephen Coleman (hand and upper limb)	Paul Licina (spine)
Brett Collins (knee and shoulder)	Darren Marchant (hand and upper limb)
Glenn Davies (knee and shoulder)	Tim McMeniman (hip and knee)
John Gallagher (knee)	Tony O'Neill (knee and shoulder)
Gauguin Gamboa (hips and knees)	Mark Richardson (knee)
David Gilpin (hand and upper limb)	Terry Saxby (feet)
David Hayes (hip and knee)	Richard Williams (spine)
Ben Hope (hand and upper limb)	

There will be different streams running concurrently for GPs, allied health and WorkCover delegates.

PLEASE REGISTER ONLINE AT:

GP Registration – <http://orthocpdgps.eventbrite.com.au>

Allied Health Registration – <http://orthocpdalliedhealth.eventbrite.com.au>

WorkCover Delegate Registration – <http://orthocpdworkcover.eventbrite.com.au>

*Please note the password is **brisbaneprivate***

*APPLICATION HAS BEEN MADE FOR CATEGORY 1 (40 POINTS) CPD ACCREDITATION FOR GENERAL PRACTITIONERS AND IS SUBJECT TO APPROVAL BY THE RACGP.

GP PROGRAM

TIME	LECTURE
08:30 – 08:45	Registration
08:45 – 09:00	Welcome & Discussion of Pre Disposing Activity
09:00 – 09:30	Lecture – Back Pain and Sciatica – The Real Story
09:30 – 11:00	Break-out sessions (4 rotating groups) <ul style="list-style-type: none">» Common non Traumatic Hand Conditions» Dupuytren» Assessment of the Hand and Wrist» Common Shoulder Problems
11:00 – 11:15	Morning Tea
11:15 – 11:45	Lecture – Common Foot and Ankle Disorders
11:45 – 1:15	Break-out Sessions (4 rotating groups) <ul style="list-style-type: none">» Knee Meniscal Tears» Knee Replacement» Knee Ligament Examination» Pain Control Post Joint Replacement
1:15 – 1:45	Lunch
1:45 – 3:15	Break-out Sessions (4 rotating groups) <ul style="list-style-type: none">» Shoulder Instability» Patellofemoral Pain and Instability: Assessment and Management» Treatment of Hip Disorders» Knee Problems of the Middle Aged Athlete
3:15– 3:45	Lecture – Surgery for Back Pain
3:45 – 4:00	Afternoon Tea
4:00 – 5:00	Panel Discussion & Questions
5:00	Close

ALLIED HEALTH PROGRAM

TIME	LECTURE
7:30 – 8:00am	Registration
8:00 – 8:30am	Knee Replacement
8:30 – 9:00am	Assessment of the hand and wrist
9:00 – 9:30am	Knee ligament injuries
9:30 – 10:00am	Assessment and management of knee injuries
10:00 – 10:30am	Common foot and ankle disorders
10:30 – 10:45am	Morning Tea
10:45 – 11:15am	Rehabilitation after hip scope surgery
11:15 – 11:45am	Surgery for back pain
11:45 – 12:15pm	Management of wrist pathology
12:15 – 12:45pm	Knee problems of the middle aged athlete
12.45 – 1.00pm	Lunch

WORKCOVER PROGRAM

TIME	LECTURE
12:15 – 1:00pm	Lunch & Registration
1:00 – 1:30pm	Treatment of Hip Disorders
1:30 – 2:00pm	Shoulder Cuff Tears
2:00 – 2:30pm	Knee Replacement
2:30 – 3:00pm	Surgery for Back Pain
3:00 - 3:30pm	Common Foot and Ankle Disorders
3:30 – 3:45pm	Afternoon Tea
3:45 – 4:15pm	Shoulder Injuries – Things to Look Out For
4:15 – 4:45pm	Workcover Knee Injuries

ART IS GOOD THERAPY

Damascus Health Services has incorporated art therapy into its program for treating drug and alcohol addiction.

Art therapist Ann-Maree See adds a creative component to the more formal programs at Brisbane Private Hospital's prescription drug and alcohol rehabilitation unit with the focus on helping patients reduce stress and improve confidence through self-expression and exploration.

In contrast to traditional therapeutic approaches, art therapy is a non-verbal form of psychotherapy that uses art media and the creative process to enhance peoples' physical, mental and emotional wellbeing.

Ms See said that art therapy was a process that gave people an opportunity to explore, understand and resolve issues they may not feel comfortable talking about.

"Art therapy encourages people to create images to convey feelings and events they might find difficult to express in words," she said.

"It encourages people to explore their imagination which helps them develop coping mechanisms, problem solving skills and improves self-acceptance.

"The creative process may also help people express emotions and memories which they might find difficult to express verbally.

"The communication around the drawings they have created, whether in a group setting or individual session, encourages emotional expression and personal growth."

Ms See said art therapy was often misunderstood and the challenge was to transform attitudes and break down insecurities about art-making.

"In art therapy, the emphasis is on the process of creating and not the end product," she said.

"It is about self-expression rather than artistic skills, giving people a vehicle to explore creativity while addressing deep issues.

"I do not interpret art work, instead I am here to work with people and empower them to discover their own meaning."

Damascus program coordinator Bev Wethereld said art therapy was growing in Australia and had been recognised and regulated around the world by organisations such as the Australian New Zealand Art Therapy Association (ANZATA), British Association of Art Therapists, the Health and Care Professions Council (HCPC) and the American Art Therapy Association.

"Damascus has been pioneering the use of art therapy for 10 years with excellent outcomes for our clients," she said.

"Ann-Maree brings a real richness to the program at Damascus and another layer to the therapeutic process.

"She takes a lot of what we do in the traditional 'talk' therapies and encourages patients to explore what we've discussed with an artist approach.

"It is a great opportunity for our clients to break away from the day-to-day therapy and enjoy the pleasure of art-making."

With a background in mental health nursing, Ms See gained a Masters in Mental Health, Art Therapy, from the University of Queensland School of Medicine and is registered with ANZATA (Australia and New Zealand Art Therapy Association). She has been working in Damascus for over 20 years, first as a mental health nurse before taking on the role as art therapist.



DESERT TREK RAISES \$650K FOR YOUNGCARE



A gruelling eight day trek across the Simpson Desert through blistering heat and a major storm has paid off for Dr Darren Marchant, whose participation in the Youngcare Simpson Desert Challenge saw him personally raise more than \$90,000 for young Australians with high-care needs.

The Brisbane Private orthopaedic surgeon was part of a team of 13 inspirational Queenslanders who trekked 150 kilometres across the remote Simpson Desert to raise funds and awareness for Youngcare, a charity advocating for young people with disabilities to exit or avoid aged-care facilities.

The group of trekkers, which included Channel Nine news presenter Melissa Downes and Nova 106.9 radio host Katie Mattin, together raised \$652,743 - topping their target of \$450,000 by more than \$200,000.

It is the largest sum ever raised by the Challenge since its inception in 2012, and will directly fund the construction of specialised residential homes for young people with disabilities and injuries to live in an age-appropriate community environment.

Dr Marchant said the experience was designed to give trekkers a look at what life might be like for a young person living in aged-care.

"The whole premise of the Youngcare Simpson Desert Challenge is to experience what it is like to have no control, and I certainly felt I had very little control during parts of the trek," he said.

"It truly was a challenge of extremes. We were isolated, sleeping outdoors in the desert, without showers or phones, battling the weather as it swung from 40 degree heat on day one to a major storm by day five.

"We all came to realise that the emotions and experiences we were facing - feeling desperate to go home, isolated, not being able to wash ourselves or make our own decisions - were similar to what young people living in aged-care facilities must feel on a daily basis.

"Being able to get into that headspace really drove home for me how important it is to support charities like Youngcare who are doing such vital work to help young Aussies with high-care needs live young lives."

Due to the storm that passed through the Simpson Desert on day five of the challenge, the trekkers had to be evacuated two days early.

"It was the view of weather experts in the area that if we didn't leave when we did, it was likely the rain would be so heavy that we wouldn't be able to get out for weeks," said Dr Marchant.

"After we were evacuated, the desert received more than 50 millimetres of rain so we were lucky to get out when we did.

"Although we had to be evacuated early, we were still able to reach the geographical centre of the Simpson Desert where we raised the Youngcare flag, which was a major highlight of the trip."

Dr Marchant said he was able to raise \$91,163 for Youngcare through the incredible generosity of family, friends, co-workers and local businesses, surpassing his target of \$80,000.

"The response from the community has been overwhelming, and I am so grateful to everyone for standing up to support this fantastic organisation making a huge difference to the lives of young Australians," he said.

"Brisbane Private Hospital in particular really got behind my fundraising efforts and donated \$7,000 to the cause - the second largest donation I received."

Brisbane Private Hospital general manager Mairi McNeill said she was impressed by Dr Marchant's strength and determination throughout the Youngcare Simpson Desert Challenge.

"Darren's commitment to giving back in such emotionally and physically testing circumstances is a true testament to his character," she said.

"The team at Brisbane Private are very proud to have been able to support him in his quest to raise funds and awareness for Youngcare, and congratulate him on his remarkable achievement."

Dr Marchant is an orthopaedic surgeon at the Brisbane Hand and Upper Limb Clinic at Brisbane Private Hospital, where he specialises in arthroscopy and micro-surgery.

For more information on Youngcare and the Simpson Desert Challenge, visit www.youngcare.com.au/events/simpson-desert-challenge

RIGHT: DR DARREN MARCHANT RAISES THE YOUNGCARE FLAG IN THE SIMPSON DESERT





NEW VENDING MACHINE
DISHES OUT FRESH FOOD



Healthy, fresh food is now available 24 hours a day for staff, doctors, patients and visitors of Brisbane Private Hospital with the new self-service cafe delivering a range of organic meals and snacks.

With menu items that wouldn't look out of place in a paddock-to-plate cafe, the All Real Food snack bar is a modern-day vending machine providing affordable food products for all dietary requirements, made fresh daily.

Ranging in price from \$4.50 - \$14.50, the foods include superfood salads, paleo breakfasts, raw vegan treats and gluten free snacks.

Co-founded by Daniella Stalling and Mark Woodhead, the concept not only offers wholefoods made from locally sourced ingredients, it also educates people about healthy eating via a touch screen that provides dietary and nutritional information.

Ms Stalling said it was fantastic that Brisbane Private Hospital was committed to providing its staff and visitors healthy food options.

"The All Real Food vending machine helps improve the dietary choices available to employees and visitors who are often stuck for choice, particularly after hours," she said.

"The self-service cafe makes it easy to find a healthy meal any time of the day and the uptake has been phenomenal.

"Whether you're a nurse, doctor, patient or visitor, it's the norm to be at a hospital all hours of the day or night and it's generally at these odd times that people turn to unhealthy foods because they grab whatever is available or convenient.

"People at Brisbane Private Hospital now have 24 hour access to affordable, delicious and healthy meals which benefits everybody."

Brisbane Private general manager Mairi McNeill said the All Real Food cafe was another hospital initiative that aimed at promoting health and wellbeing.

"Brisbane Private has developed a wellness program that includes subsidised Pilates classes, influenza vaccinations, lunchbox learning education sessions, and healthy choices and free fruit in our staff cafeteria," she said.

"Making healthier food choices has immeasurable benefits that follow through all aspects of people's lives.

"The new fresh food vending machine is part of Brisbane Private's commitment to promoting health, fitness and wellbeing to its staff, patients and visitors."

Any unsold food from the All Real Food cafe is donated to OzHarvest at the end of each day and distributed to wherever it is needed most including women's shelters, homeless shelters and charities like Ronald McDonald House.

PATIENT THE PRIMARY FOCUS OF BRISBANE PRIVATE CLINICAL CARE MODEL

Brisbane Private has welcomed three new clinical care coordinators to the nursing team to provide a more 'patient-centric' model of care coordination.

Director of nursing Tony Williams said the aim of the model would provide an 'end to end' experience for patients.

"It is important to us that each patient who comes through Brisbane Private's doors is treated with the utmost care and consistency which is why we have introduced this new model of care coordination," he said.

"Our three new clinical care coordinators will be there to oversee the needs of each patient from completing the preadmission assessment, through to reviewing the patient post-operatively and ensuring that timely and effective discharge planning arrangements are in place.

"Each coordinator will also be another point of contact for family members to ensure they are involved and informed of any information regarding their loved one's progress.

"The clinical care coordinator will then 'close the loop' of the patient journey with a follow-up phone call to ensure everything has gone according to plan once the patient has been discharged.

"Sabina, Samantha, Heather and Rebecca each bring with them a wealth of knowledge and experience to their new positions and we look forward to supporting them as they roll out this exciting new patient-centred model of coordination at Brisbane Private."

The new care coordinators will each occupy their own floor of the hospital where they will oversee each individual patient's journey from pre-admission to post-discharge.

Sabina Heinrich has been appointed the clinical care coordinator for B Floor after working as part of the nursing team there for several years.

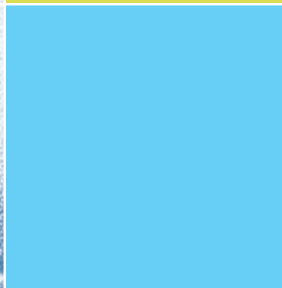
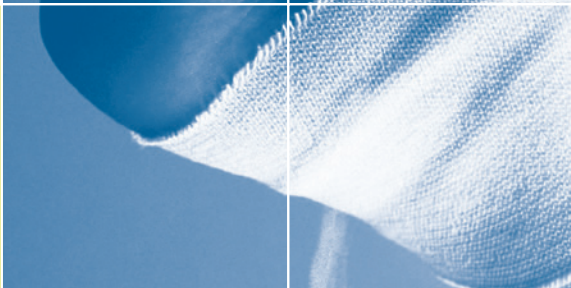
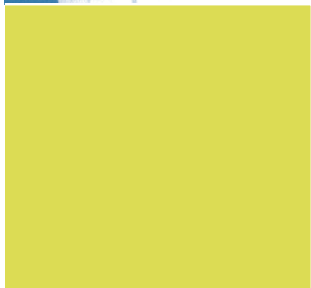
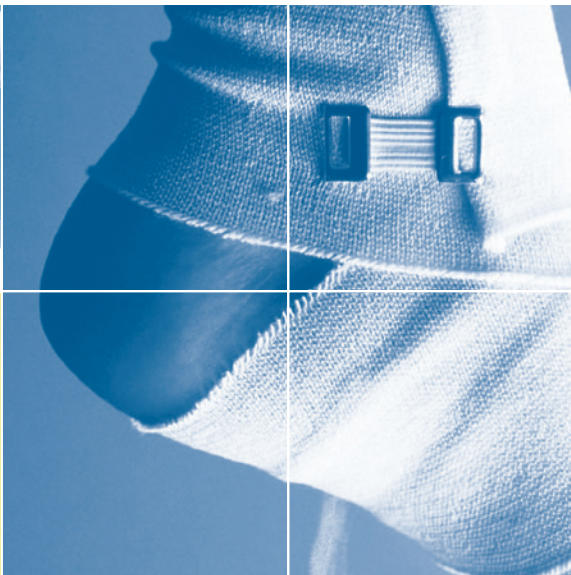
Samantha Rimmer-Hannan, the new clinical care coordinator for C Floor, brings with her a wealth of experience from her background as a nurse practitioner in primary care in the United Kingdom, and more recently her work in rehabilitation at the Mater Hospital in Brisbane.



HEATHER ROUSSEART, SABINA HEINRICH AND SAMANTHA RIMMER HANNAN WILL COORDINATE PATIENT CARE.

Heather Rousseart will be responsible for D Floor and she joins the Brisbane Private team after many years in both the public and private sectors, including working as a nursing officer for the Royal Australian Air Force (RAAF).

Lastly, Rebecca Radford from the Brisbane Private day surgery team will complete the team of care coordinators by relieving in the role when needed.



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ASSOCIATE PROFESSOR DAVID HEWETT

GASTROENTEROLOGIST, THERAPEUTIC COLONOSCOPIST
AND HEALTH SERVICES RESEARCHER



David Hewett is a gastroenterologist, therapeutic colonoscopist and health services researcher. He is an Associate Professor at the University of Queensland School of Medicine, Deputy Director (endoscopy) at QEII Jubilee Hospital, and Clinical Lead (gastroenterology) at Redland Hospital.

After graduating MBBS with honours from the University of Queensland, Assoc Prof Hewett undertook clinical and research training at the RBWH, before completing post-doctoral studies at Indiana University, USA where he developed advanced skills in the technical performance of colonoscopy, including the resection of large colorectal polyps.

Assoc Prof Hewett's clinical research focuses on improving the effectiveness of colonoscopy for bowel cancer screening, and he has published widely on new colonoscopic techniques and methods to improve physician performance of colonoscopy. He has parallel 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 has served as director of training for the Gastroenterological Society of Australia and as a member of the specialist training committee in gastroenterology with the Royal Australasian College of Physicians.

TO ARRANGE AN APPOINTMENT PLEASE CONTACT:

Assoc Prof David Hewett

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F: (07) 3144 5662

E: admin@davidhewett.com.au

W: www.brisbanecolonoscopy.com.au

DR THOMAS SLAUGHTER

ENT AND HEAD & NECK SURGEON



Dr Thomas Slaughter is an ear, nose and throat surgeon with advanced training in head and neck surgery. He has a particular interest in head and neck oncology, thyroid surgery, rhinology and paediatric ENT.

Dr Slaughter graduated from the University of Queensland in Medicine in 2006 and moved to Sydney to complete his training as an ENT surgeon with the Royal Australian College of Surgeons in 2014. He completed his surgical training at major ENT units including St Vincent's Hospital, Sydney and Royal North Shore; with significant paediatric ENT experience at Westmead Children's and Sydney Children's Hospitals.

Dr Slaughter returned to Brisbane in 2015 to complete further advanced fellowship training as the head and neck fellow at the Princess Alexandra Hospital.

Dr Slaughter currently holds public appointments at the Royal Brisbane and Logan Hospitals, where he is also involved in registrar training. He is a faculty member for the Princess Alexandra Hospital head and neck dissection course. He operates privately at Brisbane Private, St Andrews and Wesley Hospitals.

Given the breadth of his training, Dr Slaughter enjoys all aspects of ENT surgery and looks forward to helping general practitioners and other specialists in caring for their patients. He strongly believes in approachability and communication with his patients and is absolutely committed to ensuring they are well informed and comfortable with any medical treatment and procedures.

Dr Slaughter recently joined Dr Ryan Sommerville at the ENT and Skull Base Centre at Watkins Medical Centre on Wickham Tce.

DR SLAUGHTER CAN BE CONTACTED AT:

ENT and Skull Base Centre
 Level 7, Watkins Medical Centre
 225 Wickham Tce, Spring Hill, QLD 4000
 P: (07) 3848 1448
 F: (07) 3848 1441
 E: reception@entsbc.com.au

DR THEO BIRCH

PLASTIC, RECONSTRUCTIVE AND COSMETIC SURGEON



Dr Theo Birch is a plastic, reconstructive and cosmetic surgeon with more than seven years experience across Australia and internationally. He is a consultant at RBWH and Princess Alexandra Hospital where he is involved in training the plastic surgery registrars and international fellows.

Dr Birch specialises in surgery of the head and neck, breast, skin, hand and facial aesthetics and his services include:

- » skin cancer
- » hand trauma and surgery
- » breast augmentation
- » mastopexy
- » breast reduction and reconstruction
- » head and neck reconstruction and oncological resection
- » microsurgery
- » aesthetic surgery including;
 - facelifts
 - abdominoplasty
 - rhinoplasty
 - eyelid surgery
 - body sculpting

Dr Birch holds a Bachelor of Science (biomedical), Bachelor of Economics and Bachelor of Medicine/Bachelor of Surgery from University of Queensland, and is a Fellow and member of the Royal Australasian College of Surgeons (FRACS) as well as the Australian Society of Plastic Surgery (ASPS).

He joined the Brisbane Private Hospital team and the Valley Plastic Surgery group in 2016 after establishing himself in several national and international appointments including spending time in Italy with a rhinoplasty specialist, six months in Ireland at Galway University Hospital and three years training in Melbourne's top hospitals.

Dr Birch was a speaker at the 2015 Queensland Hand Conference and recently submitted a publication on mandible reconstructions. He is recognised for his patient-centric approach, combining specialist surgical skills with a focus on the patient relationship to create the optimum outcome.

TO ARRANGE AN APPOINTMENT PLEASE CONTACT:

Valley Plastic Surgery
51 Ballow Street
Fortitude Valley QLD 4006

P: (07) 3488 8118

E: info@valleyplasticsurgery.com.au

W: <http://valleyplasticsurgery.com.au/>

DR. TONY RAHMAN

GASTROENTEROLOGIST



Dr. Tony Rahman is a Gastroenterologist with special interests in endoscopy, colonoscopy and liver disease. He is the Director of Gastroenterology and Hepatology at The Prince Charles Hospital, Brisbane and Adjunct Professor with QUT and James Cook University.

Prior to his post in Brisbane, Dr Rahman was a Consultant specialist and Honorary Senior Lecturer in Gastroenterology, Hepatology and Intensive Care Medicine at St. George's Hospital, London, where he was also a founding partner of a successful private practice consortium, practicing for nine years on Harley Street, at Princess Grace, London Clinic and other private hospitals including Parkside and St Anthony's Hospitals.

Dr Rahman graduated in Medicine and Physiological sciences from Oxford University, UK (1986-1992). He was accredited as a Consultant Specialist in adult Gastroenterology, Hepatology, and Internal and Critical Care Medicine by the Royal College of Physicians and Royal College of Anaesthetists (UK) in 2004 and appointed as a Fellow of the Royal College in 2008. He was awarded Fellowship of the Faculty of Intensive Care Medicine in London in 2010.

In 2003, Dr Rahman was awarded a Doctor of Philosophy in Medicine at Imperial College, London, following his research examining novel therapies in acute liver failure at the Royal Postgraduate Medical School (Hammersmith) and Royal Free Hospitals, London. He has written several articles, papers and reviews in peer reviewed journals and presented at national and international meetings. His current research interests include liver diseases, endoscopy and colonoscopy.

Dr Rahman's further specialist training included Institute of Liver Studies and Transplantation, King's College, St. Thomas', Guy's, Royal Postgraduate Medical School, Imperial College and St. George's, London. He has been involved in new and innovative treatments of liver diseases, GI cancers, polyps, complex reflux disease, functional bowel disease and nutrition.

HE IS A FOUNDING PARTNER OF BRISBANE GASTRO AND CAN BE CONTACTED AT:

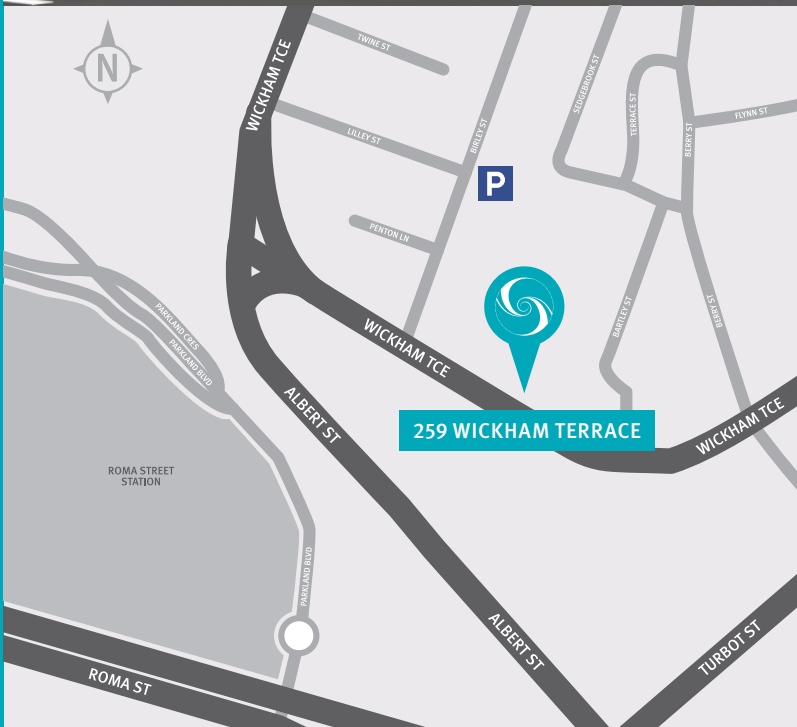
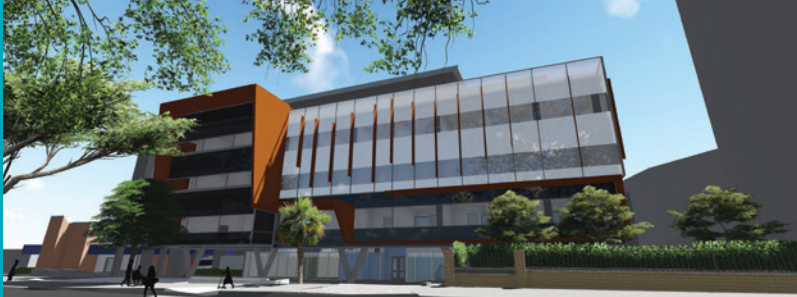
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