

INFOCUS



UPGRADES BRIGHTEN
UP **PAEDIATRIC WARD**

PITUITARY TUMOURS
THE SUBTLE SYMPTOMS

ANTERIOR APPROACH IMPROVING
OUTCOMES OF **SPINAL SURGERY**

BULK BILLED IVF NOT
ALWAYS THE BEST OPTION

ISSUE ELEVEN



Brisbane
PRIVATE HOSPITAL



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TOP: DR DAVID HAYES AND BRISBANE BULLETS PLAYER CAM BAIRSTOW
ABOVE: ARTIST IMPRESSION OF BRISBANE PRIVATE HOSPITAL EXPANSION
FRONT PAGE: DANNY DALTON IN THE NEW PAED WARD



INFOCUS

ISSUE 11

GM UPDATE

BY MAIRI MCNEILL

It's an exciting time for the hospital as the new \$52 million building on Wickham Terrace takes shape and the refurbished paediatric ward is now complete.

I'd like to congratulate the hospital's volleyball team who participated in the Cherish Women's Cancer Foundation annual 'battle' that helped raise over \$100,000 for the Queensland Centre for Gynaecological Cancer Research; and also to Clinical Psychiatrist, Dr David Storor, who shot a hole in one at the BBC golf day that raised \$12,000 for the Old Collegians Bursary.

I would also like to make a very special mention of Dr Chris Muir who is retiring after 36 years in private practice as an Oral and Maxillofacial Surgeon. On behalf of the entire hospital, its doctors and staff, I would like to thank Chris for his contribution to the speciality and for his years of service to Brisbane Private Hospital.



REFURBISHMENT UPDATE

Brisbane Private has reached a major milestone in the hospital's expansion, after completing the front facade of the new \$50 million building on Wickham Terrace, and the bridge that joins it to the main hospital.

The four-storey building, which is currently under construction and due for completion later this year, will house the hospital's prescription drug and alcohol rehabilitation unit, a 26-bed acute surgical ward, new medical consulting suites and a retail space.

Brisbane Private Hospital General Manager Mairi McNeill said it was exciting to see the hospital masterplan take shape.

"With the front facade of the new building now complete you can really get a feel for how the hospital will look once the master plan is finished," she said.

"Construction is also complete on the bridge between the main hospital and the new building on Wickham Terrace, which links from the new acute ward on level three to the existing hospital's orthopaedics ward (D floor)."

Stage 5 of Brisbane Private's \$10 million refurbishment of its existing wards is also now complete. This stage included upgrades to B Floor and the paediatric ward. Its completion brings the hospital's provision of private rooms to 88 per cent.

Stage 6 of the refurbishment will commence in December 2017 and includes upgrading the remainder of shared rooms on C and D floors, rehabilitation and orthopaedic wards.

Ms McNeill said the next stage of the redevelopment would be rolled-out in the second half of 2017.

"Later this year, Brisbane Private will commence construction on four new operating theatres on level five of the main hospital building, expanding our capacity in the key surgical specialties," she said.

"The new building will also feature an easy access drop-off and pick-up zone, a new ambulance bay and a modern foyer with retail space."

ABOVE: BRISBANE PRIVATE'S NEW, \$50 MILLION BUILDING ON WICKHAM TERRACE TAKES SHAPE.

NEWS IN BRIEF



WAYFINDING KIOSKS FOR BRISBANE PRIVATE HOSPITAL

We have installed two 'Way Finding' Kiosks inside the hospital.

These user-friendly kiosks have an interface featuring a 42 inch touch screen incorporating all buildings and a comprehensive search for doctors, medical services, wards, car park and public facilities. It will plot out a 'way finding' route from the kiosk and display which lifts to take.



BPH VOLLEYBALL TEAM HELPS RAISE \$100,000

A huge congratulations to our sponsored BPH volleyball team whose participation in the Cherish Women's Cancer Foundation annual "Battle" helped raise more than \$100,000 for the Queensland Centre for Gynaecological Cancer Research. A great night was had by all!



UPCOMING CONTINUING PROFESSIONAL DEVELOPMENT EVENTS

17 JUNE	WOMEN'S HEALTH
12 AUGUST	ORTHOPAEDICS
14 OCTOBER	SPINE PLUS CAIRNS

PLEASE CALL SUZANNE ON
07 3834 6129 OR EMAIL
Suzanne.pearson@healthscope.com.au
TO REGISTER.

UPGRADES BRIGHTEN UP PAEDIATRIC WARD



A soft-play area and colourful rooms are features of the new paediatric ward which was recently refurbished as part of the Brisbane Private redevelopment.

The ward has been designed to be bright and engaging for surgical patients from 1 to 13 years, who will be cared for by a team of specialised nurses.

The six-bed ward includes a new comfortable lounge with tea and coffee making facilities.

Paediatric Nurse Unit Manager Adriane Tiernan said the facility had been carefully created to suit young patients, with bright colours and wall decals creating a welcoming environment.

"Everything has been designed to be child-friendly - even the nurses station has a low desk so the little ones can see over the top," she said.

"Along with modern, ensuited rooms the ward includes specially designed children's play zones that feature soft-play areas for the little ones.



"To create a family-friendly environment, the rooms have recliners for a parent or guardian to stay overnight, and a large lounge and kitchenette with a fridge and tea and coffee facilities."

Ms Tiernan said paediatric patients received the highest quality care from a specialised nursing team.

"Our team are available 24 hours a day, seven days a week, ensuring children have round-the-clock access to quality care," she said.

The Brisbane Private paediatric ward specialises in all elective surgeries including ENT, orthopaedics, oral maxillofacial.

The paediatric ward upgrade coincided with a wider refurbishment to B Floor, which now has 33 private, ensuited rooms.

FOR MORE INFORMATION CONTACT:

Adriane Tiernan (07) 3834 6317.



BULK-BILLED IVF NOT ALWAYS THE BEST OPTION



MEDICAL DIRECTOR OF CITY FERTILITY CENTRE, DR ASHISH DAS

Bulk-billing IVF clinics are becoming increasingly common across Australia, but a respected Brisbane Private infertility specialist warns that lower financial costs don't always outweigh the emotional expense.

Medical Director of the City Fertility Centre, Ashish Das, said while bulk-billing clinics provided a low cost IVF option for patients, they did not offer individualised treatment to combat the cause of infertility.

He said this approach decreased a woman's chance of falling pregnant and could put undue physical and emotional stress on patients and relationships.

"Low cost IVF clinics are flourishing, but people need to be aware that these clinics do not provide a comprehensive infertility service; they provide an 'end user product' with a 'one-size-fits-all' approach," he said.

"In a process that is emotionally driven, optimising the chances of successful conception is fundamental to the physical and mental wellbeing of patients.

"To this end, providing a comprehensive service that determines and treats the cause of infertility, is critical."

Dr Das said treating infertility was a complex process that should be addressed by a multidisciplinary team of experts.

"The fact is, IVF may not always be the best, or a necessary, method of treatment," he said.

"There are many factors that can contribute to difficulties in conceiving, and there is a wide range of options to treat these issues.

"At a full-service fertility clinic, we undertake meticulous investigations to determine the cause of infertility so the appropriate treatment can be applied.

"For example, if we discover a woman has endometriosis, we would start by treating this surgically, which may fix the problem and negate the need for IVF.

"In a discount IVF clinic, every patient undergoes the same treatment regardless of the cause of their infertility. This can severely reduce the chance of falling pregnant and, in some cases, it can be a completely useless exercise."

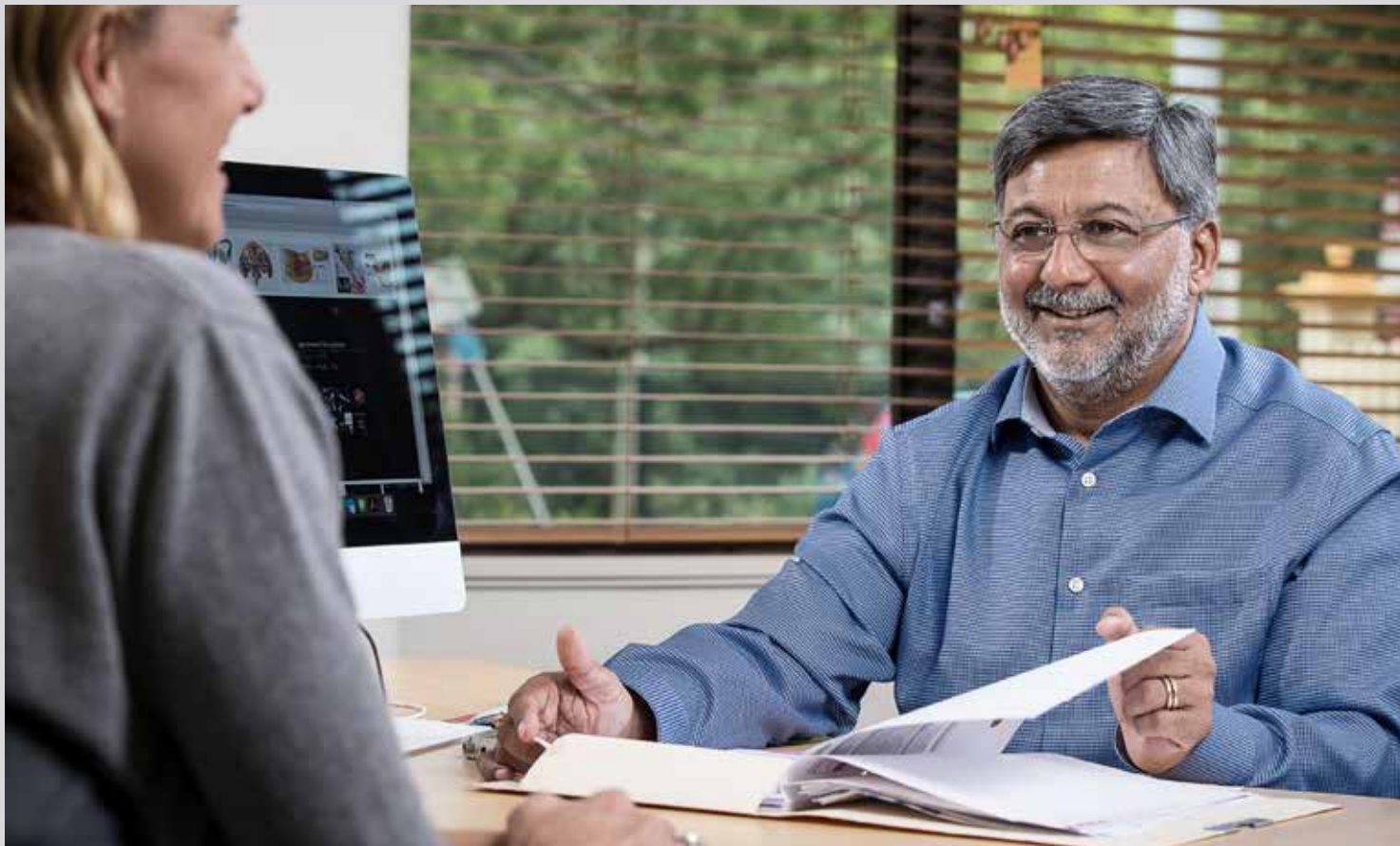
Dr Das said low cost clinics also approached the IVF process differently, by reducing the number of eggs collected in a cycle.

He said the bulk-billed system encouraged multiple IVF cycles, and although they were free-of-charge, it was frustrating for patients who were not being given the best chance of success.

"At City Fertility Centre, we aim to pick-up 10 to 12 eggs in a cycle to increase the chance of a successful pregnancy and allow excess embryos to be frozen for future use," he said.

"This concept is called a 'cumulative pregnancy rate' and means that for every IVF cycle, there are multiple opportunities for a woman to fall pregnant.

"Low cost IVF clinics intentionally drive the ovaries less so they collect fewer eggs - enough to transfer fresh, but nothing left to freeze if pregnancy is not achieved.



"With statistics from the National Perinatal Statistics Unit (NPSU) showing a 20 per cent pregnancy rate per embryo transfer, this method means a lot of women have to go through the entire process again, which is often distressing and emotionally taxing."

Dr Das said unlike bulk-billing clinics, his practice performed Comparative Genomic Hybridisation (CGH) testing on embryos, which more than doubled the chance of conception.

He said this testing gave patients a realistic chance of falling pregnant and helped to avoid the heartache of a failed transplant.

"CGH testing increases IVF pregnancy rates by identifying the embryos most likely to produce a pregnancy - if the embryos are faulty, they are not transferred," he said.

"Through experience, we have also learned that there is a better chance of conception on the back of a normal cycle, rather than directly after an egg collection.

"By combining all these techniques, we are optimising a patient's odds and as a result, they require less transfers to get to the end destination, which makes a huge difference emotionally.

"It is this 'fine tuning' that sets us apart from bulk-billed IVF, and gives patients a realistic chance of pregnancy, rather than a blind one.

"At the end of the day, you get what you pay for."

FOR MORE DETAILS PLEASE CONTACT

City Fertility Centre
P: 1800 123 483

CODEINE OVER THE COUNTER NO MORE

Damascus Health Services is preparing to provide treatment for an increasing number of people struggling with Codeine dependence over the next twelve months on the back of new regulations stopping over-the-counter sales of the drug.

From February 1, 2018, compound analgesics containing Codeine with Ibuprofen or Paracetamol will become a 'prescription only' medication, leaving thousands of Australians, many taking up to 60 tablets a day, in need of detox.

The change in the availability of Codeine is a result of more than a decade of accumulating evidence of the range of health problems associated with easy access to Codeine containing analgesics, without prescription.

Brisbane Private psychiatrist, David Storor, said Codeine was a drug with 'high risk' of dependence, in the same family as Morphine and other stronger painkillers. He said regular use of compound analgesics containing Codeine carried a risk of addiction, while the Ibuprofen or Paracetamol could potentially cause harmful physical effects.

"A number of studies have shown that people with recurrent headaches, back pain and other ailments, who rely on these medications, run the risk of developing a tolerance and their use can escalate over a period of time, until people are taking 30 to 60 or more tablets a day," said Dr Storor.

"The use of these tablets in such high numbers carries a risk of liver damage, kidney damage and various gastrointestinal complications. Excessive use of Ibuprofen can cause gastrointestinal ulcers, bleeding, scarring and strictures.

"The risk of abuse and dependence on these Codeine-containing medications is heightened in people who are suffering from stress, anxiety and depression. In much the same way as people come to rely on alcohol to de-stress, people can develop a habit on compound Codeine analgesics."

Dr Storor said while the evidence of the negative effects of Codeine had been mounting for many years, it had been argued that these medications were necessary for people suffering acute short-term pain. He said the evidence for this argument was weak.

"Studies have shown that the analgesic or painkilling effect of Nurofen Plus or Panadeine Extra or similar, is no greater than taking two Paracetamol and two Ibuprofen tablets together," said Dr Storor.

"Furthermore, 10 per cent to 15 per cent of the general population lack the necessary liver enzyme to metabolise Codeine into its active form and thus derive no extra pain relief compared to taking either Paracetamol or Ibuprofen."

Dr Storor said one of the difficulties in addressing Codeine addiction was most people who overused or abused the drug did not present to pharmacists looking like an addict; and many of those who were highly dependent kept a log book of pharmacies visited so as to not raise suspicion.

"Often people taking very large amounts of Codeine appear quite normal and when they request Panadeine or Nurofen Plus or similar for treatment of a headache or back pain, the pharmacist will generally dispense the drug, not knowing the person may be doing the rounds and receiving multiple boxes of tablets each day," he said.



Dr Storor said the number of people in the general population abusing over-the-counter Codeine medications was unknown, but there would be a sizeable group needing assistance to detox off Codeine in the lead-up to, or immediately following the February 1 cut-off next year.

"The Damascus Alcohol and Prescription Drug service has been keeping data on the frequency of people presenting for treatment for over-the-counter Codeine addiction, and records show that from 2010, approximately one-third to one half of all people presenting for prescription Opioid addiction, are dependent on over-the-counter Codeine medication," he said.

"The Health Department is planning an information campaign to inform the public of the changes, and there will be information regarding treatment options and plans to upskill General Practitioners.

"Treatment of Codeine dependent people involves a medicated detox in a supported inpatient environment, counselling and the development of alternate strategies for managing stress, anxiety and depression or chronic pain; and some people will need to be stabilised on alternate longer acting Opioid analgesia in the short-term.

"Damascus Health Services is equipped to provide all of these treatment modalities."

FOR MORE INFORMATION CONTACT:

Damascus Health Services

T: 07 3834 6478

OR

Dr David Storor, Suite 33, Level 2

101 Wickham Terrace

Brisbane QLD 4000

T: 07 3236 9333

E: admin@drstoror.com

ANTERIOR APPROACH IMPROVING OUTCOMES FOR BACK PAIN PATIENTS



Aspinal fusion technique that doesn't interfere with the facet joints is drastically reducing the risk of adjacent level disease and improving the quality of life for patients with disabling lower back pain.

Brisbane Private Neurosurgeon, Ross Gurgo, is one of only a handful of Queensland surgeons offering the highly specialised procedure, known as anterior lumbar interbody fusion (ALIF), after learning the technique during a complex spine fellowship in Toronto, Canada.

Since then, he has performed the procedure on around 300 patients, none of which have needed adjacent levels fused.

Dr Gurgo said unlike fusions performed using the posterior approach, ALIF was advantageous in that both the back muscles and lumbar facet joints remained intact, resulting in less postoperative pain and a reduced chance of further surgery being needed at higher levels.

"Entering through the abdomen means you can remove the whole disc, which you can't do from the back, and this results in a better reconstruction of the spine in terms of restoring interbody height and alignment" he said.

"Using the anterior approach we reach the spine through a natural anatomical plane, going around the abdominal contents rather than through them, which means there is no need to split muscles, resulting in faster recovery times.

"The anterior approach has many benefits for the patient, who is left with a more stable spine, a reduced risk of reoperation, and an improved fusion as a result of the bone graft being positioned at the front.

"If the lumbar nerve roots need to be decompressed, we can do this through a posterior approach, without fusion, during the same operation when we do the ALIF. This is preferable to a posterior approach alone.

"The anterior approach also avoids disruption to the lumbar facet joints, so there is a much lower chance of adjacent level disease."

Dr Gurgo said interference to the facet joints was inevitable during a posterior fusion.

"In my career, I have performed many spinal fusions using the posterior approach when the anterior wasn't an option, for example when a patient has a spondylolisthesis ('slip of the spine'). Of these patients, about 10 per cent have returned for an adjacent level fusion, but with the anterior approach, I have never had to re-operate," he said.

Dr Gurgo said for appropriate patients, ALIF could be life changing.

"Patients can expect a significant reduction in lower back pain and medication, stabilisation of the spine, improved lower back and leg function, and improved work and recreational capacity," he said.

Dr Gurgo said ALIF was suitable for appropriate patients with advanced discogenic disease, either at one or two levels, who had not responded to other treatments.

"We try all conservative methods before using surgery as a last resort, including physiotherapy and lumbar facet blocks that are available through Brisbane Private Imaging," he said.

"We work in conjunction with the Core Healthcare Group and All Care Physiotherapy to provide non-operative treatments, and to help surgical patients through their recovery."

Dr Ross Gurgo is a consultant neurosurgeon who has been in practice for over 10 years. He practices all aspects of intracranial and spinal neurosurgery but has a particular interest in complex spinal disorders for which he has had postgraduate fellowship training through the Toronto University Health Network.

Dr Gurgo can provide complete care for all spinal conditions including anterior approaches for discogenic lumbar disease, microsurgical approaches to the cervical spine and rehabilitation options for non-operative lower back pain.

FOR MORE INFORMATION CONTACT DR GURGO:

Q Brain & Spine, 131 Wickham Terrace, Brisbane Q 4000

P: (07) 3193 0859

F: (07) 3221 7562

E: reception@qbrainspine.com.au

NEW SURGICAL TECHNIQUE FOR TONSILLAR HYPERTROPHY UP TO FIVE TIMES SAFER



EAR, NOSE AND THROAT SPECIALIST, DR ANDERS CERVIN OFFERS TONSILLOTOMY FOR APPROPRIATE PATIENTS.

A new technique in tonsil surgery is reducing the potential life-threatening risks of one of the most common surgical procedures, with patients also experiencing less pain and shorter recovery times.

The new procedure, known as a partial tonsillectomy or tonsillotomy, is used to treat tonsillar hypertrophy and is considered the gold standard in Europe and the USA where it has been widely practiced for the past decade.

Similar to traditional tonsillectomy, the procedure removes only 85 to 90 percent of the tonsil, leaving enough to protect the underlying muscles and vessels, significantly reducing the risk of haemorrhage.

Brisbane Private Hospital ENT Surgeon, Anders Cervin, who is one of only a few doctors in Queensland offering the technique to patients, said studies indicated tonsillotomy was as effective as tonsillectomy in the long term, with better short-term outcomes.

He said tonsillectomy was performed on more than 14,000 Australians each year, and while it was an effective operation, there was a risk of haemorrhage, which occurred in 5 to 10 per cent of patients.

"Studies show tonsillotomy is up to five-times safer than tonsillectomy, with surgical revision for secondary bleeds in very young children less than one per cent for tonsillotomy, reduced from five per cent for tonsillectomy," said Dr Cervin.



"The risk in teenagers and adults, who have a higher incidence of secondary bleeds, is reduced from approximately 10 percent to 5 percent.

"While all surgeries have risk attached, unfortunately a late bleed, in a very small number of cases, can be fatal for otherwise healthy patients, particularly in very young children, or people who live remotely.

"In order to achieve clinical excellence, it is imperative to reduce complications and avoid problems where and when possible.

"Tonsillotomy is a safer method, which is why it is my preferred method of treatment for patients suffering enlarged tonsils."

Dr Cervin said that secondary surgery due to postoperative bleeding also increased recovery times and had additional costs attached.

"Tonsillotomy has lower direct costs to the hospital system with less re-admissions and return to theatre; as well as reduced GP contact due to decreased pain and infection rates," he said.

"The indirect cost to society is also less because patients experience faster recoveries and less downtime."

Dr Cervin performs tonsillotomy using radio frequency to cut through the tonsil, leaving it flush with the tonsillar pillar

"By only removing 85 to 90 per cent of the tonsil, there is no need to remove the capsule surrounding the tonsil which avoids exposing muscles and the larger vessels in the tonsillar bed," he said.

Dr Cervin said while there was the chance of re-growth after tonsillotomy in around three per cent of patients, and higher in very young children, this did not always lead to re-operation.

He said at this time, tonsillotomy had been proven to be effective for tonsillar hypertrophy, but there was still debate about its effectiveness for recurrent tonsillitis.

"There needs to be more data collected in this area, but I believe tonsillotomy may emerge as the superior treatment option for recurrent tonsillitis in the future," he said.

"In the meantime, it should at least be presented as an option for patients as an alternative to tonsillectomy."

**FOR MORE INFORMATION CONTACT
DR CERVIN AT:**

Level 7, 201 Wickham Tce, Brisbane

P: 07 7 3839 6411

E: drcoman@powerup.com.au

SEARCHING FOR THE SUBTLE SYMPTOMS OF PITUITARY TUMOURS



With the incidence of pituitary tumours on the rise in Australia, it is more important than ever to be alert to the symptoms, as early detection can lead to cure.

According to Cancer Council Queensland, recent studies report about 1 in 1000 people have a clinically significant pituitary tumour - equating to around 20,000 Australians at any one time.

While mostly benign, some pituitary tumours can cause serious medical complications, and if left untreated, can have an enormous impact on quality of life and life expectancy.

Brisbane Private Hospital Neurosurgeon Scott Campbell said pituitary disorders were difficult to recognise in the early stages and GPs needed to be alert to the symptoms.

"Pituitary tumours are typically associated with a delayed diagnosis because the varied and non-specific clinical features are not easily apparent and sometimes missed," he said.

"Despite these symptoms being difficult to detect, some groups of symptoms, such as chronic headache and peripheral vision loss, can give an indication of pituitary dysfunction.



NEUROSURGEON, DR SCOTT CAMPBELL



SYMPTOMS THAT SHOULD PROMPT INVESTIGATION INTO A POSSIBLE PITUITARY TUMOUR:

- » Peripheral vision loss, particularly with chronic headache
- » Protruding jaw, enlarged hands, feet and tongue
- » Moon face, buffalo hump, plethoric, striae
- » Galactorrhoea, amenorrhoea

"Noticing subtle signs and intervening early can greatly aid in a patient's recovery, and, in some instances, potential cure of many different presentations including acromegaly and Cushing disease."

Dr Campbell said there were two types of pituitary tumours - non-functioning and functioning, and it was important to know the symptoms of each.

"Non-functioning tumours don't produce hormones, they typically just 'grow and compress'," he said.

"While the tumour is small, patients will experience little to no symptoms, but as it grows, symptoms can include chronic headache and deteriorating peripheral vision (bitemporal hemianopia).

"Non-functioning tumours can be treated conservatively and surgery is required if and when the tumour grows or compresses the optic nerve."

Dr Campbell said there were three types of the hormone-producing 'functioning' tumours, which were responsible for causing galactorrhoea/amenorrhoea, acromegaly and Cushing disease.

"Functioning tumours present as syndromes, depending on which hormone is being overproduced," he said.

"Prolactinoma, a condition resulting from the overproduction of prolactin, can usually be treated with medication. Symptoms include galactorrhoea and amenorrhoea in females; and erectile dysfunction and decreased body and facial hair in males.

"Acromegaly, or gigantism in kids, occurs when the tumour produces too much growth hormone. Symptoms include protruding jaw, and enlarged hands, feet and tongue, and patients are usually treated through surgery.

"Cushing disease is the result of the overproduction of cortisol, with symptoms including moon/plethoric face, buffalo hump and striae. These tumours generally require surgery.

"GPs need to have these symptoms on their radar. If patients with subtle signs of Cushing or acromegaly walk through the door, ideally an astute GP should be the one to pick it up.

"If you suspect anything, investigate with pituitary function testing and an MR brain scan, followed by referral to the neurosurgeon or endocrinologist.

"Depending on how early the intervention, many patients can be cured, or at least significantly improved. The best outcomes are realised when symptoms are recognised in the subtle stages."

Dr Scott Campbell works in collaboration with a team of endocrinologists to provide best outcomes for functional adenomas causing Cushing disease, acromegaly/gigantism and galactorrhoea/amenorrhoea.

He has performed more than 500 cases of pituitary surgery since returning to Australia in 1997, following a two year fellowship in London, UK.

FOR MORE INFORMATION CONTACT DR SCOTT CAMPBELL AT:

Brisbane Private Hospital
Ground Floor, 259 Wickham Terrace,
Brisbane, 4000

P: 3832 8866

F: 3832 8888

E: reception@scampbell.com.au

BRISBANE PRIVATE GETS BULLETS BACK IN THE GAME

The Brisbane Bullets have completed their first season after returning to the National Basketball League (NBL) with the expertise of Brisbane Private Hospital and its orthopaedic team providing crucial care for players.

The players came out relatively unscathed with the exception of Anthony Petrie who had knee surgery, and Cameron Bairstow who suffered an anterior cruciate ligament (ACL) tear - both were operated on by Lower Limb Surgeon David Hayes.

Bairstow underwent surgery in January and is now working to get back on the court as soon as possible. He said the surgery was a success, he was recovering well and expected to return to training in mid-2017.

"Dr Hayes and Brisbane Private were fantastic, my rehab and recovery is going to plan and my medical team are really pleased with the progress I have made," said Bairstow.

"I'm just giving my hamstring graft time to heal and form a ligament and while I still don't have a definitive date, I'm hoping I'll be back on the court in the next few months."

Bairstow said having an expert medical team and hospital behind the Bullets was crucial to the team's success.

"As a professional sportsman, it's very important to have a good medical team behind you who are experienced in treating elite athletes and managing their return to sport," he said.

"In addition to medical care, the emotional support you receive from experts who have steered many other athletes back to success post-surgery is crucial, and the support I have received from Dr Hayes and the team is second-to-none.

"The treatment at Brisbane Private was world-class and I would recommend the facility to anyone.

"I was really comfortable during my stay, nothing was too hard for any of the nurses or staff, and my surgery went so well that I was able to go home by mid-morning the following day."

Dr Hayes said Bairstow's anterior cruciate ligament rupture was devastating for him as an individual and to the Bullets team, but his attitude towards his injury and recovery was inspirational.

"I've come to know Cam well throughout his treatment so far, and it has become clear why he has achieved so highly in his career to date," he said.

"He immediately accepted the problem, investigated ways to address and understand it, and then channeled all of his energy into moving forward as a compliant and diligent patient.

"I performed an ACL reconstruction and continue to oversee his rehab and return to basketball. This takes a high level of resilience, trust and determination, on Cam's part, all of which are required of a true professional.

"He listens, asks questions and wants to understand the process. He is intelligent and hard working.

"He may be 6 foot 9 inches and 118kg, but it is these qualities which have stood him apart from so many aspiring players to reach the heights that he has so far.

"We had several long conversations before surgery and since, and together with the Bullets medical team I feel confident Cam will return to the athlete he has been prior to the injury. It is a great privilege for me to be involved in this process."





NICOLE YATES TAKES OVER THE ROLE AS MANAGER OF DAMASCUS HEALTH SERVICES.

DAMASCUS HEALTH SERVICES APPOINTS NEW MANAGER

Brisbane Private Hospital has appointed a new manager who will transition Damascus Health Services from its current location to its new, purpose-built facility that is under construction at Brisbane Private Hospital.

Damascus is the only private, stand-alone drug and alcohol facility in Australia that is attached to a private hospital, giving patients direct access to acute medical services, including an Intensive Care Unit.

The service's new manager, Nicole Yates, spent 15 years working in various roles with Queensland Health in Townsville, including five years in Alcohol and Other Drugs Services (AODS) where she was a team leader for three years.

Ms Yates found her passion for working with substance abuse patients while on secondment in the public liver clinic as the Clinical Nurse Consultant in 2009 and 2010.

She began pursuing a career specialising in drug and alcohol addiction, gaining experience in the public system before moving into private care.

Ms Yates said she was excited to join the team at Damascus, which had a reputation for delivering the highest quality healthcare using the latest in evidence-based therapies.

"Damascus Health Services is renowned for its commitment to best practice and exceptional patient outcomes and I am honoured to be part of such an incredible team," she said.

"I will work to maintain a clinically and psychologically safe and caring environment that provides world-class treatment to patients from around Australia, while keeping Damascus at the forefront of modern medicine by implementing new, evidence-based therapies to benefit our patients.

"Our relocation to a new, purpose-built facility adjoining the main hospital has given us an opportunity to review our processes and improve the 'patient journey', ensuring all our patients feel comfortable and supported through the transition and beyond.

"The move will also coincide with the introduction of new group therapy programs that will provide more options and flexibility for our day patients."

Damascus will relocate to its new facility later this year, which is currently being constructed as part of the Brisbane Private Hospital expansion.

FOR MORE INFORMATION OR REFERRALS CONTACT

Damascus Health Services
P: 07 3834 6475

BRISBANE PRIVATE WELCOMES NEW DIRECTOR OF NURSING



JASON BURTON APPOINTED NEW DIRECTOR
OF NURSING.

Brisbane Private Hospital's new Director of Nursing, Jason Burton, joins the team with more than 25 years of experience, including a tenure as General Manager for a hospital in the United Kingdom.

Mr Burton was trained at the Princess Alexandra Hospital, before taking up roles as Nurse Unit Manager, Assistant Director and Director of Nursing in major private hospitals in South East Queensland.

In 2014, he moved his young family to the United Kingdom to become General Manager for the Clifton Park Hospital in York - an in-patient hospital including enhanced care, two theatres and on-site physiotherapy.

Mr Burton returned to Australia in 2016 and has spent the past year working as Director of Nursing at Gold Coast Surgical Hospital.

Mr Burton said he was pleased to return to a nursing management role as part of a larger health group.

"This new role is similar to previous Director of Nursing positions I have held, and while my time in the United Kingdom was an incredible experience, I'm happy to be working as part of a larger team in a nursing-focussed role again - which is something I really enjoy," he said.

"I accepted the role here at Brisbane Private because Healthscope has a great reputation in the medical community, which I can attest to from my previous work with some of the executives at Brisbane Private and others within the Healthscope group."

DR BRENDAN LOUIE

PLASTIC AND RECONSTRUCTIVE SURGEON



Dr Brendan Louie is a second-generation surgeon, specialising in plastic and reconstructive surgery. Dr Louie completed his medical degree at the University of Queensland before furthering his plastic and reconstructive training in Brisbane and Melbourne.

It was both his extensive training and upbringing that influenced his decision to focus on head and neck reconstruction, limb and hand trauma, post-mastectomy breast reconstruction, and skin cancer, with a particular interest in melanoma.

Dr Louie is a visiting consulting surgeon at the Royal Brisbane and Women's Hospital where he treats patients with a wide variety of hand surgery and reconstructive problems. As part of the melanoma multidisciplinary team, Dr Louie treats a significant number of patients with melanoma. Staying involved in melanoma research and up-to-date with the latest trials allows him to help patients understand and make choices in the treatment of their cancer.

Dr Louie understands that reconstructive surgery following trauma or cancer removal can require some of the most complex and challenging operations; he has accordingly cultivated an empathy towards patients making difficult decisions in these situations and the significant stress that confronts them. Understanding his patient's individual lifestyles and being able to guide them in achieving specific objectives is not only rewarding for Dr Louie, but considered a privilege.

Dr Louie is available for private patients through Valley Plastic Surgery, a multi-surgeon purpose-built plastic and reconstructive surgery facility located in Fortitude Valley. Aesthetic and reconstructive consultations are available by appointment, as are cosmetic medicine services, allied health assessments and treatments, and local anaesthetic procedures.

FOR MORE INFORMATION OR REFERRALS, PLEASE CONTACT:

Dr Brendan Louie
 Valley Plastic Surgery
 51 Ballow St, Fortitude Valley QLD 4006
 T: (07) 3488 8118
 E: info@valleyplasticsurgery.com.au
 W: www.valleyplasticsurgery.com.au

DR DEVINI AMERATUNGA

GYNAECOLOGIST

Dr Devini Ameratunga is a gynaecologist who manages all aspects of fertility care and general gynaecology, with a special interest in minimally-invasive surgery to reduce pain and recovery time.

After graduating with First Class Honours from the Australian National University in 2007, Dr Ameratunga commenced specialty training at the Royal Women's Hospital in Melbourne.

She undertook a Masters in Reproductive Medicine at University of New South Wales and completed a Fellowship in Advanced Laparoscopy and Minimally Invasive Surgery in 2014 at the Gold Coast University Hospital.

After finishing her training, Dr Ameratunga commenced specialist work at Mater Mothers in Brisbane. She is now a part-time specialist at Royal Brisbane and Women's Hospital working in all areas of gynaecology, surgery and high-risk pregnancy.

Dr Ameratunga's passion for women's health and continuing education can be seen in her many publications and presentations, as well as through her involvement in teaching, examinations and curriculum as a senior lecturer for the University of Queensland.

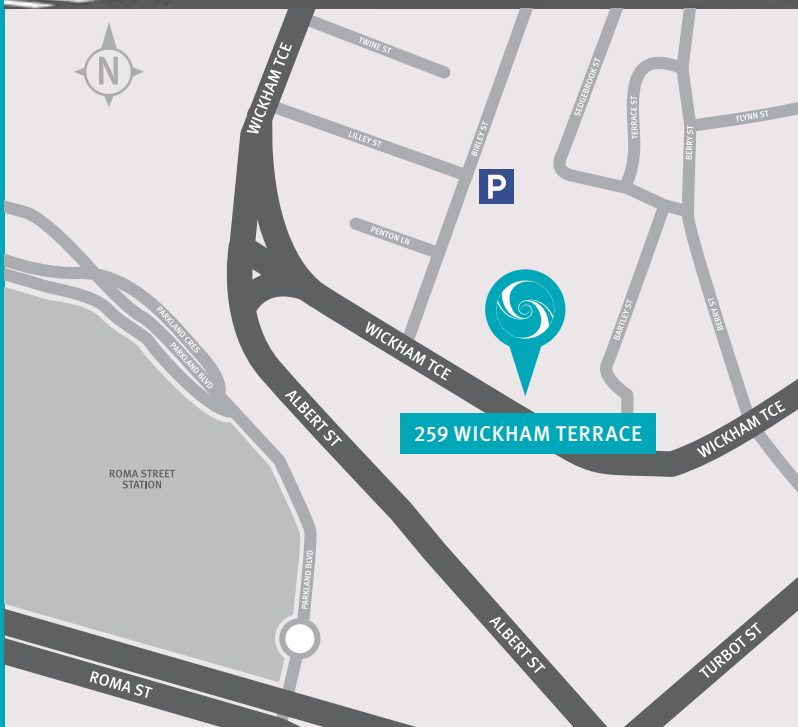
She is a reviewer for the Journal of Assisted Reproduction and Genetics (JARG) and is involved in teaching trainees and GPs for the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Dr Ameratunga has received a long list of scholarships and awards during her studies and career, including the Australian Medical Association Leadership Award and Mary Potter Award for Excellence in Clinical Skills.



DR AMERATUNGA CAN BE CONTACTED AT:

Brisbane Gynaecology
Level 10, 225 Wickham Tce, Brisbane
P: 1300 883 560



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259 Wickham Terrace
Brisbane QLD 4000

P: 07 3834 6111
F: 07 3834 6596

W: www.brisbanepivatehospital.com.au