

INFOCUS

PREPARING FOR TOMORROW

NEW BUILDING
OPENS AT
BRISBANE
PRIVATE

EXPANDED SERVICES READY TO
PROVIDE SUPPORT AHEAD OF
CHANGES TO CODEINE REGULATION

TREATING SLEEP APNOEA
WHY SPECIALIST ASSESSMENT IS VITAL

MINIMISING DECONDITIONING
FOR ELDERLY PATIENTS

ISSUE THIRTEEN



Brisbane
PRIVATE HOSPITAL



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GM UPDATE

BY MAIRI M^oNEILL

As we near the end of another year, it's time to reflect on all that we have achieved in 2017, and what's in store for Brisbane Private in 2018.

This year our hospital has reached a major milestone, with completion of the first stage of a \$52 million expansion program which will see Brisbane Private enjoy a strong start to the New Year and remain at the forefront of medical innovation and healthcare well into the future.

The centrepiece of our expansion program this year was the recent completion of the first new building at Brisbane Private in 30 years. This new building will provide much needed additional space for Damascus Health Services, Brisbane Private's prescription drug and alcohol rehabilitation unit, along with extra surgical beds, retail and consulting suites (see story pages 2 - 7).

Ward upgrades are continuing in the existing hospital building, as part of an additional \$12 million commitment to provide our patients with the very best care possible.

A visit to the paediatric ward will demonstrate what a difference a good refurbishment can make, with plenty of bright smiles on show thanks to the new soft play area, colourful walls and renovated rooms.

The orthopaedic and rehabilitation wards are also being upgraded.

As always, our specialists are working hard to educate the medical community about new trends and treatments in their field. In this edition we speak with our Ear, Nose and Throat specialists and learn from our rehabilitation team about both preventative planning and surgical procedures.

In this final edition of In Focus for the year, I wanted to take the opportunity to thank the Brisbane Private team and hospital community for a fantastic and highly successful 2017 and extend my best wishes for the upcoming festive season.

BRISBANE PRIVATE HOSPITAL PREPARING FOR TOMORROW



In the five years to 2020, Brisbane is expected to need 22,000 new health and social workers, making the medical and wellness industry the city's fastest growing employer in a race to keep pace with a booming population.

Over about the same time frame, an additional 200,000 residents are expected to move to Brisbane and by 2036, one in six will be aged over 65 years.

This glimpse into the city's near future is part of the reason Brisbane Private Hospital has accelerated its \$52 million expansion, headlined by a new four level building which has reached completion.

Brisbane Private's new building - the first addition to the hospital since the 1980s - houses Damascus Health Services, Brisbane Private's prescription drug and alcohol rehabilitation unit, along with a new surgical ward, 400sqm of consulting suites and retail.

This vital step towards expanding and 'future-proofing' the hospital's facilities has increased capacity for patient intake, with 44 beds available for Damascus inpatients and 26 beds allocated for the new acute surgical ward, which is connected to the main hospital via a covered walkway.

Transferring the Damascus and acute surgical unit into its own, purpose-built facility has created space in the main hospital to expand the rehabilitation ward to accommodate 32 beds.

In total, the hospital now boasts 181 beds between the existing and new building - up from 145 prior to expansion - improving its ability to cater for the 20,000 patients it treats on average each year.

Brisbane Private Hospital General Manager Mairi McNeill said the first stage of redevelopment was all about addressing growing demand for services and improving patient experience.

"Our strategy at Brisbane Private is to always be looking ahead to determine the next steps we need to take in order to ensure we remain at the forefront of all aspects of medicine and patient care," she said.

"Construction of the new Damascus and surgical building started in May 2016 and we are pleased to see this project delivered on track to help cater for an anticipated upturn in patients - particularly those struggling with addiction to prescription medication.

"From February next year the laws will change and compound analgesics containing Codeine with Ibuprofen or Paracetamol will become a 'prescription only' medication, leaving thousands of Australians in need of detoxification, so the expansion of the Damascus unit is timely.

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BRISBANE PRIVATE HOSPITAL PREPARING FOR TOMORROW

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THE 'NEXT STEPS'

While the completion of the new building is cause for celebration, it's no time for rest for the Brisbane Private team, who are already preparing for work to start on the next phase of the redevelopment program this December.

The 'next step' will be the transformation of former consulting suites in the existing Specialist Centre, which will be developed into four operating theatres - two of which will be fitted out immediately, with another two to be completed in line with demand.

Christmas will also coincide with the final stage of a \$12 million ward refurbishment program, with the remaining rooms in the orthopaedic and rehabilitation wards refurbished to include private ensuited rooms.

The upgrade will also include the expansion of the rehabilitation gymnasium and dining room, with all work expected to be complete by February 2018.

Ms McNeill said the refurbishments and upgrades to theatres, wards and consulting rooms played an important role in attracting and retaining the best medical talent.

"Brisbane Private Hospital is already home to a dedicated team of 500 healthcare professionals, along with 700 visiting medical officers," she said.

"While looking after our patients is front and centre of all that we do, it's important to make sure we offer our doctors and specialists a good reason to continue practising with us, and that we invest in our facilities in order to attract the best minds from across Australia and the globe.

LEFT AND OPPOSITE: BRISBANE PRIVATE HOSPITAL'S NEW BUILDING ON WICKHAM TERRACE HOUSING DAMASCUS HEALTH SERVICES, CONSULTING SUITES AND A SURGICAL WARD.

"Part of this process is ensuring there is ample space and state-of-the-art equipment available to assist our practitioners in providing top quality medical care across the board.

"Our track record suggests we have got it right thus far, but the medical world is always evolving and we are aiming to stay ahead of the curve by being proactive and making changes in the areas where we anticipate growth in the coming years."

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BRISBANE PRIVATE HOSPITAL
 PREPARING FOR TOMORROW

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BRISBANE PRIVATE HOSPITAL CIRCA 2011

PAYING TRIBUTE TO THE PAST

While many things are changing at Brisbane Private, there are still plenty of reminders of the hospital's heritage.

In recent weeks, the construction team has reinstated fencing which was part of the 19th century Wickham Terrace residences which formerly stood on the hospital site. The brick fencing was originally part of the grand "Garth House" around 1864, which was transformed into St Leo's girls' school and then private apartments and residences.

These dwellings were removed in stages from 1965 onwards to make way for Brisbane Private Hospital.

In addition to the historical fence line, Brisbane Private Hospital has recently reinstated its heritage listed Frangipani trees. The trees were cared for in a nursery during the course of the redevelopment program, before being crane-lifted into the new garden to take pride of place at the hospital entrance.

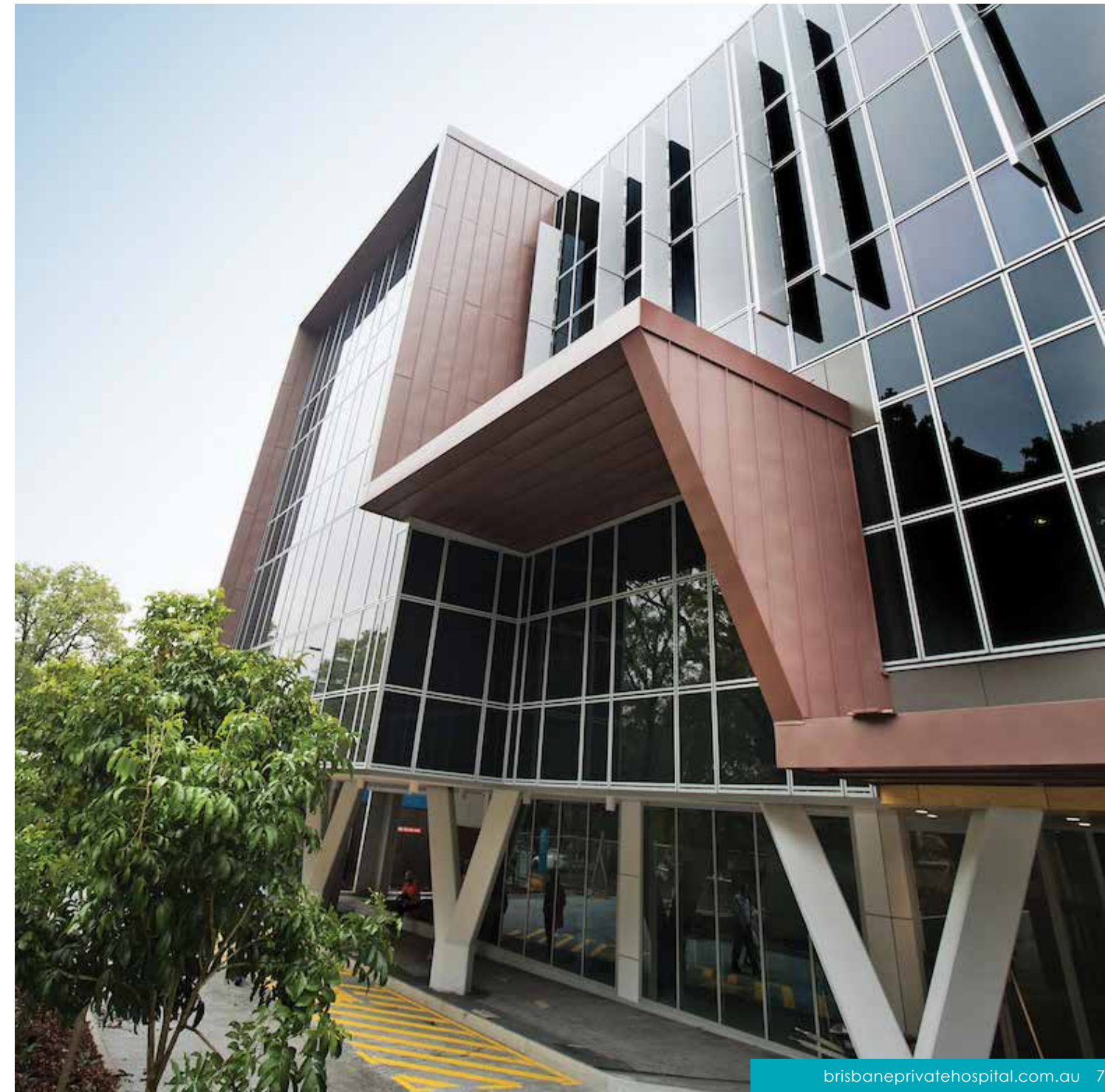
Ms McNeill said the end result of the redevelopment was a wonderful fusion of past, present and future.



"These heritage features add character to our hospital and are a beautiful reminder of how far we have come and all of the incredible people who have worked so hard over the years to build our reputation as one of the best hospitals in Queensland," she said.

"As we pay homage to the past we are excited to showcase all of the new additions to our hospital, and we look forward to continuing to add to our story with more expansions, innovations and upgrades over the years to come."

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FAST FACTS

- » Brisbane Private has invested a total of \$67 million into the expansion and refurbishment of the hospital.
- » The redevelopment includes the recently completed four level building housing the 44-bed Damascus Health Services prescription drug and alcohol rehabilitation unit, a 26-bed surgical ward, consulting suites and retail.
- » The hospital now boasts 181 beds in total, up from 145 prior to the expansion.
- » Work will start in December on the transformation of former consulting suites in the existing Specialist Centre, which will be developed into four operating theatres, along with the completion of upgrades to the orthopaedic and rehabilitation wards.
- » The Damascus Health Services building is the newest in Spring Hill, while the windmill across the road, which was built to grind wheat and corn circa 1828, is the oldest structure in the suburb - and is now one of only two convict-built buildings remaining in Queensland.



DAMASCUS SPECIALISTS READY TO PROVIDE SUPPORT AHEAD OF CHANGES TO CODEINE REGULATION

DR DAVID STOROR



DAMASCUS PSYCHIATRIST DR DAVID STOROR

Psychiatrists at Brisbane Private's Damascus Alcohol and Prescription Drug Unit are working to strengthen ties with local GPs in preparation for an expected influx of Codeine dependent patients as a result of changes to laws regulating the substance, to take effect next year.

From February 2018, Codeine will be available by prescription only. Damascus Psychiatrist Dr David Storor encourages GPs to undertake training to gain the necessary qualifications for Opiate Replacement Therapy (ORT).

Dr Storor said ORT is the preferred treatment for patients who were not suitable for immediate Codeine detoxification or who are unable to be transitioned to an alternate opiate analgesia.

He said the number of GPs working as ORT prescribers may need to increase in order to meet anticipated demand.

"In partnership with the Queensland Health Department, the Damascus Unit will conduct training programs to assist GPs to up-skill and gain the necessary qualifications and experience to prescribe either Suboxone or Methadone Syrup," he said.

"These courses are an opportunity for GPs to better understand new legislation and address any concerns they may have regarding ORT. ORT is often seen as a complex and inherently risky practice, but with adequate training and support ORT is a reasonable and safe treatment for many patients.

"Fortunately, there is ongoing support available through Queensland Health for GPs who opt to become ORT prescribers, with additional assistance available from visiting psychiatrists at Brisbane Private's Damascus Unit.

"All Damascus psychiatrists are well experienced in Opiate prescribing and are able to work collaboratively with GPs to support them in the management of their patients who require ORT."

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ADDICTIONS NATURE OR NURTURE?

DR BEN MCDARMONT



BRISBANE PRIVATE VISITING PSYCHIATRIST
DR BEN MCDARMONT

The propensity for people to develop problems with substance use has a substantial biological component, and is not simply a product of environment or choices, according to Brisbane Private visiting Psychiatrist Dr Ben McDarmont.

Dr McDarmont said addictive behaviour has its roots in evolution, harking back to the days when people had to forage for food and water in order to survive, which led to our brains developing a highly sensitive response to any substance considered a 'reward.'

"In today's society, we are now faced with an oversupply of resources, and the relative accessibility of substances like alcohol, prescription drugs and even unhealthy food has led to a mismatch between our environment and our motivational systems," he said.

"What started out as vital survival mechanisms have now become a potential problem for many people as they struggle to manage this problem of excess.

"As a society, we need to be having a different type of discussion about substance dependence and how to treat it.

"People who exhibit dependent behaviour are sometimes judged through a moral lens.

"It is important to realise that the allure of dependence forming substances and gambling is psychologically and biologically predictable.

"Looking beyond alcohol and prescription drugs there is the issue of obesity and diabetes, which is another example of a problem having emerged from a mismatch between our biology and our modern environment.

"In our prehistory, food was scarce. Those who stored fat in times of plenty survived in times of famine, so this trait had powerful survival value. This preserved trait now means that those who have a genetic predisposition to storing surplus calories as fat struggle to maintain a healthy weight.

"Of course, we treat obesity and diabetes as serious medical issues rather than moral ones, and we should approach addictions with a similar frame of mind.

"Self-motivation and decision-making play a role in addictive behaviour, but we need to remain cognisant of the biological and environmental reasons people can become dependent in the first place."



Dr McDarmont said Brisbane Private's new Damascus Alcohol and Prescription Drug Centre is focused on teaching people how to better understand themselves and manage their impulses in order to break the cycle of dependence.

"At Damascus, our goal is to equip every patient with the support, knowledge and skills they need to change their behaviour through problem solving and self-understanding," he said.

"If someone is struggling with dependence on alcohol or prescription medications, the Damascus Unit provides an option for medically supervised withdrawal, followed by participation in an inpatient group program. The inpatient program focuses on various facets of the management of dependence. Admission may be accessed by referral to one of the admitting specialists to the unit, whose details are listed on the Damascus Health Services website.

"After completing the inpatient program, patients continue to receive ongoing support and medical review via the Damascus Day Unit. Those who live regionally have the option for weekend relapse prevention admissions.

"The combination of evidence-based inpatient medical and psychological interventions, with the provision of ongoing support following discharge, aims to equip people with the means to overcome the complex problem of dependence."

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STRATEGIES TO MINIMISE AND REMEDY DECONDITIONING FOR ELDERLY PATIENTS

DR ANTHONY FRENCH

Upgrades to Brisbane Private Hospital's rehabilitation ward are part of a plan to encourage elderly patients to 'keep moving' to avoid deconditioning – a common reason for referral to the rehabilitation clinic.

Deconditioning is recognised as a general decrease in overall mobility and physical performance, with key symptoms including the loss of muscle mass, muscle weakness, poor endurance or energy, slowness, and low physical activity.

Brisbane Private's rehabilitation ward is currently undergoing a major renovation as part of a \$67 million hospital redevelopment and refurbishment program (see story on page 2), including 32 extra

beds along with the creation of new single bed rooms and an expansion of the rehabilitation gymnasium and dining room.

Brisbane Private Hospital Geriatrician Dr Anthony French said the upgrades would allow specialists to not only rehabilitate but also educate patients about how to maintain their health and avoid deconditioning.

He said Brisbane Private's rehabilitation program could be accessed with a referral from a surgeon, specialist or general practitioner.

"These upgrades will allow us to increase our patient intake and design programs that better address the issue of deconditioning," he said.

"What we want to avoid is patients leaving our care and then deteriorating because they have not been practising the self-care techniques they have been shown in hospital.

"The very old are at high risk, particularly those suffering from acute illness. The rate of muscle mass and strength loss is extremely rapid as age increases, and while a patient might want to rest, spending too much time in bed is the worst thing that can be done for an older person.

"Those who shy away from physical activity for fear of exacerbating pain or because they feel too tired are potentially making their situation worse.

"Deconditioning can threaten the independence of elderly patients and aggravate existing conditions that already increase the risk of falls such as incontinence, constipation and delirium."

Dr French said it was vital for specialists to consider the broad range of factors contributing to the onset of deconditioning.

"As health professionals it's important to look at the reasons people start to slow down. Obviously general aches and pains that come with age can contribute to reduced activity, but there are a myriad of other issues that need to be addressed," he said.

"Cognitive deficits and mental illness are major risk factors that can go undetected for some time and when there is a diagnosis, there is generally a failure to address the lack of physical activity that often goes hand in hand with problems like anxiety and depression.



BRISBANE PRIVATE HOSPITAL GERIATRICIAN
DR ANTHONY FRENCH

"We need to educate not only the elderly and those at risk, but also family and friends to ensure they're looking out for these tell-tale signs, and to assist with encouraging gentle exercise, preferably with the guidance of a health professional."

Dr French said prevention and early recognition were vital, as it could be challenging to reverse deconditioning and its functional effects.

"Ideally, we need to encourage people to remain healthy and active throughout their entire lives. Sometimes people have trouble making the transition from the high energy, high impact sports they were able to enjoy as a teenager or young adult, to more gentle activities and exercises as they age," he said.

"We need people to understand it's important not to 'give up' when they feel they are no longer as strong or flexible as they used to be. It's all about making adjustments so they can continue to exercise safely.

"Ironically, as people enter retirement they generally have more time on their hands to engage in a sport but many people choose not to out of fear of embarrassment or the assumption that they can no longer 'keep up.'

"The old adage that you need to 'use it or lose it' is 100 per cent true and is in fact a very good mantra for those who want to avoid deconditioning."

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TREATING SLEEP APNOEA WHY A SPECIALIST ASSESSMENT IS VITAL

DR TOM SLAUGHTER

A Brisbane Private Hospital surgeon is encouraging patients with diagnosed Obstructive Sleep Apnoea (OSA) to seek advice from sleep physicians and specialists, before deciding on the best treatment pathway for the common condition.

A patient suffering from OSA stops breathing for short periods of time during sleep, which creates arousals, affecting their ability to spend sufficient time in Rapid Eye Movement (REM) sleep and ultimately reducing the patient's quality of rest.

Ear, Nose and Throat surgeon Dr Tom Slaughter said OSA most commonly affected middle-aged males, with approximately 40 per cent of men aged 30 to 50 suffering the condition, and up to 60 per cent of males within the 50 to 70 age bracket.

"OSA can be difficult to detect. Generally a patient that reports excessive daytime sleepiness could be a candidate, while

others describe experiencing morning headaches. Partners can also be helpful in observing and reporting apnoeas and determining the severity of snoring," he said.

"When we start talking about treatments we have to assess where the issue lies for patients. We conduct a clinical diagnosis through a polysomnogram (sleep study), which assesses snoring, sleep quantity and episodes of apnoeas.

"To determine the severity of OSA, we measure quality of sleep, time frames of sleep, and then arousals and oxygenation during sleep."

Dr Slaughter said GPs should refer patients concerned about sleep symptoms to a specialist for a formal assessment and treatment, as there is significant evidence that shows sleep quality is important for long-term health.

Health risks associated with sleep apnoea include cardiovascular disease and diabetes, along with the increased risk of being in a motor vehicle or workplace accident.

"A Continuous Positive Airway Pressure (CPAP) device remains the gold standard of OSA treatment, which is a mask worn during the night to prevent a patient's throat from closing. It is a safe, effective and non-invasive treatment, but an issue can be patient compliance, as some people unknowingly remove it during sleep," he said.

"It's important that patients seek appropriate specialist advice prior to purchasing machines to make sure there's nothing that's correctable in the first place.

"For example, there is good evidence that weight loss alone can improve the severity of OSA for obese patients, while surgical intervention can be helpful too.

"An ENT specialist can offer a complete airway assessment to establish whether the patient is a good candidate for surgical treatment.

"Pre-phase treatment involves the correction of the nasal airway, which can then assist with the use of a CPAP device.



"An endoscopic septoplasty, performed to correct the nasal septum, is a common ENT procedure which can achieve a good outcome for OSA patients.

"In severe cases, further assessment of the remainder of the upper airway might be necessary, to identify other possible causes of OSA including the dynamic collapse of the palate.

"A patient could benefit from other procedures including a tonsillectomy, or a modified uvulopalatopharyngoplasty (UPPP) – a procedure that involves removing damaged throat tissue to open the airway."

Dr Slaughter believes the complete assessment of a patient is essential to determine the cause, and optimal treatment pathway, for OSA.

"Whilst surgery isn't the primary treatment method, the correction of the nasal passage as a pre-phase treatment can provide significant benefits to many OSA patients," he said.

"OSA is a very complex, dynamic and multi-faceted issue, and it is vital that patients adopt appropriate lifestyle modifications and ensure they're properly assessed and treated for correctable problems that may significantly improve their outcome prior to long-term CPAP use."

EAR, NOSE AND THROAT SURGEON
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DEALING WITH CHRONIC SINUS INFECTIONS THROUGH SURGERY

PROF BEN PANIZZA



EAR, NOSE AND THROAT SURGEON PROF BEN PANIZZA

Endoscopic sinus surgery can be a successful treatment option for patients with chronic sinus infections who don't respond to conservative therapies, according to a Brisbane Private Hospital specialist.

Ear, Nose and Throat (ENT) surgeon Prof Ben Panizza said while many patients with sinus conditions could find relief from common treatments including saltwater flushes, nasal steroids and antibiotics, surgery could offer improved outcomes for chronic sufferers.

"Success rates of endoscopic surgery for chronic sinus conditions can be as high as 80 to 85 per cent," he said.

"Such conditions are more common among adults in urban environments, where pollution can cause irritation or inflammation, which can block narrow pathways of drainage."



Prof Panizza said chronic rhino-sinusitis affected up to 2.5 per cent of the global population, costing the economy billions of dollars each year.

"Chronic sinusitis is an infection persisting for more than three months, which can significantly affect a patient's quality of life," he said.

"Not only can the condition contribute to high medical costs, but it also affects the patient's ability to work.

"Patients with severe nasal obstruction can experience significant facial pain, heaviness and fullness, whilst enduring recurrent infections.

"While most patients do respond well to conservative therapies, an estimated 10,000 Australians undergo sinus surgery each year to eliminate these debilitating symptoms.

"Endoscopic nasal surgery can also help treat fungal infections and rare conditions such as nasal cancers, skull base lesions and the removal of pituitary tumours through the nose."

Brisbane Private introduced dedicated ENT Medtronic navigation systems in 2016, improving localisation during procedures including sinus surgery.

"Advances in technology mean that Brisbane Private surgeons now have access to the latest endoscopes and HD screens in operating theatres," he said.

"The new systems allow us to accurately pinpoint the site of diseased tissue, provide better visualisation and a safer view.

"It is particularly important in cases where the anatomy is unusual or distorted, or during revision surgery.

"It also improves patient safety when operating around delicate structures including the brain and eyes, and with new high speed drills, bone can be safely and quickly removed to access the pathology being treated.

"The patient will usually be discharged the next day, with minimal pain and bruising, and occasionally some dissolvable packing inside the sinuses.

"A majority of patients only need Panadol or Panadeine for pain management, and will be administered antibiotics to ensure no infections in the post-operative period.

"While approximately 75 per cent of patients don't require further treatment, others might need ongoing management with topical therapy to keep sinuses healthy.

"As always, the initial treatment is conservative, but GPs should consider referring patients to a specialist to assess if they are suitable for sinus surgery, when other therapies fail to make a difference."

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NASAL OBSTRUCTION AND MALOCCLUSION

HOW MOUTH BREATHING CAN IMPACT YOUR CHILD'S DENTAL HEALTH

DR EMILY PERRY

Parents are being warned about the impact of nasal obstruction and mouth breathing on the alignment of children's teeth, which left untreated can require complex orthodontic work.

Brisbane Private Hospital Ear, Nose and Throat surgeon Dr Emily Perry said the inability to breathe through the nose is quite common in children, but it can lead to a raft of problems.

"Children who consistently breathe through their mouths can suffer from malocclusion, which is the abnormal alignment of teeth," she said.

"The development of the maxilla – the upper jaw - is altered by nasal obstruction, so it does not grow forward, leading to a long mid-face and higher palate, along with associated crowding of teeth.

"There is evidence that if we diagnose and intervene, preferably before the age of six, we are able to correct small abnormalities and help avoid orthodontic treatment, including procedures to expand the maxilla."

Dr Perry said recent statistics regarding nasal obstruction and associated sleeping disorders - suggest the condition remains largely undiagnosed.

"An estimated four per cent of the population have been diagnosed with sleep-disordered breathing, but data suggests we should be doing seven times the number of targeted procedures - adenotonsillectomies – than we are currently performing, if we are to meet community need," she said.

"Sleep-disordered breathing during childhood can lead to poor concentration, reduced school performance, and impact neuro-cognitive development and behaviour.

"Symptoms of nasal obstruction to look out for include a child sitting at rest with an open mouth, nasal discharge, nasal speech and a child snoring or sleeping with their mouth open and neck extended as they can't breathe through their nose normally.

"Allergic rhinitis, or hayfever, including chronic sneezing and itchy eyes, is also common with these patients.

"Treating such conditions early is vital, as the neurocognitive impacts may be irreversible and the changes in dento-cranial development may not correct itself, thus requiring orthodontics."

Dr Perry said she performs surgery on young patients who are suffering the symptoms of mouth breathing from approximately 12 months of age, including adenoidectomies – which involves the removal of adenoid tissue.

"The outcome of an adenoidectomy is typically very good. The vast majority of patients recover well; requiring simple analgesics for the first 24 to 48 hours post-surgery and returning to day-care or kindergarten as early as the following day," she said.

"If the obstruction is caused by the turbinates, which sit inside the nasal valve, we can also perform a cauterly – which helps increase the diameter of the internal nasal valve, thus increasing nasal airflow.

"Further, while treating hay-fever might not completely resolve nasal obstructions, the use of nasal steroids to decrease inflammation inside the nose and the avoidance of allergens can help reduce symptoms, and limit the presentation of other associated conditions, including asthma. Nasal steroids are very effective and have been shown to be very safe in children.

"Ultimately, we can achieve better patient outcomes if surgery is completed before the onset of adult teeth, leading to the normalisation of the maxilla, or mid-face development.

"If a child is expressing symptoms of nasal obstruction, it is important for them to be assessed by a specialist to determine the cause of the obstruction and whether surgery is an appropriate course of treatment."

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DR REBECCA RYAN

GASTROENTEROLOGIST & HEPATOLOGIST



Dr Rebecca Ryan is a General Gastroenterologist and Hepatologist, with special interests in functional gut disorders, Ferinject infusions and Liver disease particularly involving Hepatitis B and C.

After graduating with Honours from Flinders University of South Australia in 1998, Dr Ryan commenced advanced training in gastroenterology in Adelaide and Brisbane. She then completed a clinical fellowship and her final years of training at the Princess Alexandra Hospital and Greenslopes Private Hospital.

Dr Ryan has been in private practice since 2007 and her passion for gastroenterology and hepatology can be seen through her recent specialist work at Brisbane Private Hospital.

In addition to her work at Brisbane Private Hospital, Dr Ryan does procedures and consulting for Montserrat Day Hospitals after joining their practices at Indooroopilly and Gaythorne in 2012.

She has also previously worked at the Princess Alexandra Hospital, as a senior staff specialist (gastroenterologist) and was also a hepatologist in the Queensland Liver Transplant Service for 10 years.

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DR ANDREA STIMMING

CONSULTANT PSYCHIATRIST AND ADDICTION MEDICINE PHYSICIAN



Dr Andrea Stimming is a General Psychiatrist with additional qualifications in Addiction Medicine.

After completing a Bachelor of Medicine, Bachelor of Surgery (MBBS) at the University of Tasmania, Dr Stimming undertook advanced training in Queensland, where she became a Fellow of the Royal Australian and New Zealand College of Psychiatrists in 2010.

She has worked as a staff psychiatrist in Hobart, Tasmania, and has completed a fellowship through the Royal Australasian College of Physicians as part of the Chapter of Addiction Medicine.

She was one of the first doctors to complete addiction training through the Damascus Health Service at Brisbane Private Hospital. More recently, Dr Stimming has worked at the Gold Coast Mental Health Service as a consultant where she has supervised trainees in addiction medicine and psychiatry.

Dr Stimming has an interest in psychological treatments working in conjunction with biological treatments for patients, looking at the individual holistically, as well as in the context of the connections they have with family, friends and community.

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Brisbane Private Hospital is the city's leading inner city hospital treating over 20,000 patients each year, with the assistance of over 700 visiting medical officers and a team of 500 professional employees.

Our 150 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, spinal surgery, urology, ear, nose and throat, colorectal surgery, general surgery, rehabilitation, gynaecology and fertility.



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