

INFOCUS

A photograph of two surgeons in an operating room. They are wearing blue scrubs, blue surgical caps, and purple face masks. One surgeon is using a surgical instrument. The background shows medical equipment and a sterile environment.

DUO TACKLING THE
CHRONIC PAIN EPIDEMIC

SURGEON EMBRACES
ALL-NEW **3D TECHNOLOGY**

**REHAB PROGRAM TO
TARGET YOUNGER PATIENTS**

ISSUE 14



Brisbane
PRIVATE HOSPITAL



CONTENTS

- GM Update..... 1
- The Battle To Beat Cushing’s Disease 2
- Practice Confirms Expansion Plans 4
- 3D Technology A Winner For Surgeon 6
- Specialists Tackle Chronic Pain Epidemic 8
- Pilot Program Targets Younger Patients 10
- The Complexity Of Addiction 12
- Screening Test To Benefit The Elderly 14
- Fond Farewell For Founding Surgeon 16
- BPH Hosts Travelling Exhibition 18
- New Faces – Dr David Nguyen / Dr Sheanna Maine20



FRONT PAGE AND ABOVE: DR PETER LUCAS HAS EXPANDED HIS NEUROSURGICAL AND SPINE PRACTICE, NEURON.

RIGHT: GERIATRICIAN DR ANTHONY FRENCH CHATS WITH A PATIENT AT BRISBANE PRIVATE HOSPITAL.



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

INFOCUS

ISSUE 14

GM UPDATE

BY MAIRI M^oNEILL

2018 is certainly in full swing and it’s been a busy few months for the team at Brisbane Private. Our specialists have been working hard preparing for two CPD events that are scheduled in coming months focusing on neurosurgery and orthopaedics.

Brisbane Private’s education programs exemplify our ongoing commitment to education and are designed to update and help GPs continue to provide the highest standard of care to the community. Through the program, we provide GPs with opportunities to participate in quality improvement activities that lead to improved health outcomes. Our CPD events are highly regarded, attracting GPs from a wide catchment area.



I’d also like to take this opportunity to officially congratulate Queensland Hips and Knees founder Dr David Morgan on his retirement. Congratulations on a wonderful career at Brisbane Private, David, and we wish you all the best.

Finally, I’d just like to say that myself and the team have been thrilled with the fantastic feedback we’ve received about the hospital’s redevelopment. The \$56 million expansion means our patients are not only getting the very best of care but receiving it in a modern and fresh facility.

THE FIGHT AGAINST CUSHING'S DISEASE: A SURGICAL CHALLENGE



NEUROSURGEON DR SCOTT CAMPBELL

The treatment of MR scan negative Cushing's disease is one of the most difficult challenges in neurosurgery but Brisbane Private surgeon Dr Scott Campbell says surgical exploration remains the best option for potential cure.

Cushing's Disease, which is caused by the over secretion of ACTH from the pituitary gland/adenoma, results in increased systemic cortisol levels and, if left untreated, can lead to reduced patient survival.

Dr Campbell, who has performed over 500 pituitary operations, said surgical outcomes for MR negative functioning tumours had lower success rates than cases where the tumour could be clearly identified on MR scan, with an overall 50 per cent cure rate.

He said 20 per cent of these surgeries resulted in reduced cortisol levels, while in the remaining 30 per cent of cases, patients experienced no change.

"If the patient has MR scan negative Cushing's disease, the general recommendation is to explore the pituitary gland, because despite the challenges, realistically there is no better alternative," said Dr Campbell.

"There are increased risks associated with exploring the gland because the existence or location of the tumour is unknown, but not operating means the patient's condition will likely worsen and their quality of life will diminish."



Dr Campbell said there were several possible surgical outcomes.

"One of the outcomes is not finding a tumour, due to an incorrect diagnosis," he said.

"This may be because the tumour is outside or adjacent to the gland, or in another body cavity.

"In this case, any neurosurgery attempts to find the tumour become futile with a risk of pan-hypopituitarism.

"There is also the possibility that the tumour is there, but it can't be found due to exposure issues or bleeding.

"Re-operation then becomes an option with no guarantees of finding the tumour on the second occasion.

"Radiation therapy would then need to be considered, which is very effective as a treatment of pituitary tumours but is mostly a second line option due to the complication of pan-hypopituitarism.

"Lastly, there is the risk of finding the tumour but not removing it in its entirety, and therefore not curing the disease.

"If this is the outcome, it would be reasonable to perform a second surgery in an attempt to completely remove the tumour."

Dr Campbell said while MR negative pituitary adenomas were less common today due to improved radiology, they still occurred in five per cent of Cushing's disease patients.

He said the diagnosis of Cushing's disease frequently required a step-wise and multidisciplinary approach.

"The decision to explore the gland is a combined decision, usually primarily made by the endocrinologist and supported by the neurosurgeon, however it is GPs who make the initial diagnosis so it is important that they are aware of, and alert to, the symptoms," said Dr Campbell.

"Some of the symptoms are more obvious, depending on how far the disease has progressed, such as a buffalo hump and plethoric moon face.

"Others are more subtle, like lethargy, poor focus, stress, weight gain and high blood pressure.

"For GPs, it's a matter of being on-guard to pick up these symptoms as soon as possible, as earlier diagnosis leads to better outcomes."

FOR MORE INFORMATION CONTACT:

Dr Scott Campbell
Brisbane Private Hospital, Ground floor
259 Wickham Terrace, Brisbane

T: 07 3832 8866
F: 07 3832 8888
E: rhonda@scampbell.com.au
W: drscottcampbell.com.au

10 SYMPTOMS/SIGNS OF CUSHING'S SYNDROME

- » Buffalo hump
- » Plethoric moon face
- » Muscle weakness/wasting
- » Easy bruising/striae
- » Weight gain
- » Hypertension
- » Osteoporosis
- » Hirsutism
- » Menstrual irregularity
- » Depression

NEURON CONFIRMS EXPANSION PLANS AMID GROWING PATIENT DEMAND

Rapidly growing neurosurgical and spine practice Neuron is undergoing an expansion with a new surgeon, physiotherapist, practice nurse and clinical researcher joining the team.

A significant rise in referrals and patient numbers has also prompted the practice to relocate to larger rooms to increase its capacity.

Brisbane Private neurosurgeon Dr Peter Lucas said Neuron was experiencing a period of rapid growth and was evolving to meet the ever-changing needs of its patients and referrers.

“Our reputation was the platform for the plans, which have now culminated in the transition to a bigger and better service,” he said.

“This expansion will augment an already comprehensive and holistic neurosurgical and spine service, adding value to the practice and ultimately improving patient outcomes.”

The practice will move to Brisbane Private’s new building on Wickham Terrace, with the increased floor-space allowing for the provision of an enhanced service.

Along with expanded consulting suites, Neuron is also welcoming a second neurosurgeon to the team, Dr Ali Alavi.

“There has been a careful and meticulous process to find the right clinician to complement Neuron’s current services, and we are thrilled to have Dr Alavi on board,” said Dr Lucas.

“We have also welcomed a second practice nurse to bolster an already strong clinical team, offering an extra layer of care and support to further benefit our patients.

“Our practice nurses are responsible for providing information and education to patients, which is vital in guiding them through their pre-operative, peri-operative and post-operative pathway.

“This process and the overall nursing support is one of the extra services unique to Neuron.

“Our nursing team has also become a point of direct access for general practitioners in times when myself or Dr Alavi are in theatre and not immediately available.”



BRISBANE PRIVATE NEUROSURGEON PETER LUCAS

To ensure they remain at the forefront of best medical and surgical practice and to be considered a global benchmark for a standard of excellence, Dr Lucas has also invested in employing his own clinical researcher.

“This will ensure there is ongoing research projects that aim to drive best practice principles, as well as contribute to the highest internal quality control,” he said.

“Research projects that are currently being conducted include studies comparing surgical outcomes to international sites, ensuring Neuron keeps up with the evolving medical and surgical landscape.”

Neuron has also launched an integrated, pre and post-discharge community-based rehabilitation service combining physiotherapy, exercise physiology and Pilates, aimed at providing pre-operative optimisation and continuity of care after hospital discharge.

INTRODUCING DR ALI ALAVI

Neuron’s newest clinician, Dr Ali Alavi, completed his neurosurgery training in 2016 after working in Cambridge, Birmingham and Nottingham as a clinical research fellow and specialist registrar since 2007.

He completed an accredited skull base fellowship at the International Neuroscience Institute (INI) in Hannover, Germany and later gained further experience as senior clinical fellow in skull base neurosurgery in Leeds.

Dr Alavi then spent six months as senior clinical fellow in complex spinal surgery at the world-renowned centre for spinal studies and surgery Queens Medical Centre, Nottingham.

He has academic interests in neuro-trauma, neuro-imaging and skull base neurosurgery and was also awarded the pituitary prize for his research by The Society of British Neurological Surgeons (SBNS).

Dr Alavi was the co-author for the British Neuro-trauma Group for guidance in the screening and management of pituitary dysfunction following traumatic brain injury.



NEURON'S NEWEST CLINICIAN DR ALI ALAVI

FOR MORE INFORMATION CONTACT:

Neuron
Brisbane Private Hospital, Level A
259 Wickham Terrace, Brisbane

T: 07 3733 1456
F: 07 3733 1457
E: admin@neuron.com.au
W: neuron.com.au

NEW TECHNOLOGY FOR MINIMALLY INVASIVE SPINE SURGERY



NEUROSURGEON DR JEFF WEBSTER

Brisbane Private Hospital neurosurgeon Dr Jeff Webster is the first specialist in Australia to perform minimally invasive spine surgery using new 3D technology, designed to replace the use of traditional microscopes in theatre.

Dr Webster completed training in Germany to use the Karl Storz 3D Vitom, an imaging system that can be used in conjunction with an endoscope, to provide full HD digital viewing during complex micro-procedures.

“My mission is to continually refine the surgeries we perform to provide true minimalist access, and this new 3D platform allows me to do just that,” he said.

“I had been interested in the Vitom system since its inception in Europe and North America. It’s considered an ‘exoscope’, meaning it works outside of the operating field - essentially positioned over the top of the patient during surgery.



THE KARL STORZ 3D VITOM COMPLEMENTS AN ENDOSCOPE DURING MINIMALLY INVASIVE SURGERY.

“Like a microscope, this technology can be used to complement an endoscope during minimally invasive surgery. While the endoscope is inserted into the patient through a small incision, the Vitom exoscope sits above, allowing the surgeon to zoom and magnify the surgery site, and providing a 360-degree view of the damaged disc.

“The images captured can be monitored on a screen, allowing better engagement of theatre staff who can also observe the surgery, whilst offering ergonomic benefits to the surgeon, who would usually have to lean over a traditional microscope during a procedure.

“The instrument is more economical in terms of space than a microscope, and it can also use the suite of digital equipment that is available in a theatre already equipped with video, with the potential to record images too.”

Since introducing the technology at Brisbane Private Hospital earlier this year, Dr Webster has used the equipment to perform microsurgery procedures including a lumbar discectomy, cervical fusion discectomy and laminectomy.

He plans to eventually implement the technology in endoscopic brain surgery and robotic surgery procedures.

“The superior viewing provided by the 3D Vitom means I can produce the smallest possible incision of approximately eight millimetres to access the surgery site through the tubular endoscope system, helping reduce the risk of muscle injury,” Dr Webster said.

“The benefits for the patient of endoscopic surgery are wide-ranging, including reducing the need for pain relief and cutting the length of their stay in hospital. Our goal is getting people back to work within a week.

“The endoscope system we use for minimally-invasive spine surgery is approximately four millimetres in diameter, replicating what our general surgeon and gynaecology colleagues have been able to do with laparoscopies.

“I am always searching for the latest technology to make sure we are keeping pace with the best techniques and procedures available globally for minimally-invasive neurosurgery. I believe this system helps us achieve that goal.”

FOR MORE INFORMATION CONTACT:

Dr Jeff Webster
Centre of Minimally Invasive Neurosurgery and Spine Surgery (CMINS)
Level 3, 12 Mt Gravatt-Capalaba Road
Upper Mt Gravatt

T: 1300 559 533
F: 07 3112 5085
E: admin@cmins.com.au
W: cmins.com.au

SPECIALISTS SEEK ANSWERS TO COMPLEX CHRONIC PAIN EPIDEMIC



PAIN SPECIALIST DR BRENDAN MOORE

An increasing number of Australians are living with chronic pain and according to private pain medicine practice Axxon Pain, it is one of the most complex conditions to treat.

Pain Australia reports one in five Australians are currently suffering from chronic pain, with the prevalence estimated to increase with the nation's ageing population.

Brisbane Private pain specialists Dr Jim O'Callaghan and Dr Brendan Moore established Axxon Pain in a bid to help the growing number of patients.

"As chronic pain is invisible, sufferers can often feel misunderstood and stigmatised by friends, family and the community around them," said Dr O'Callaghan.

"As a result, patients often experience decreased enjoyment of normal activities, loss of general function and relationship difficulties.

"Unfortunately, chronic pain is an extremely complex condition, which is why we are so passionate about providing this service to the community and will continually strive to develop the service into the future."

Dr O'Callaghan said there were three major aspects to the management of patients with chronic pain.

"The first is their nociception – the sensory nervous system's response to harmful stimuli," he said.

"This may be helped by interventional techniques or by appropriate use of medications.

"The second area of concern is deconditioning.

"When patients reduce their activity level because of pain their muscles weaken, and as a result of this, they have increased joint instability and further pain.

"The third area of concern is the psychological impact of chronic pain or the underlying psychological issues that may be contributing to a patient's level of distress."

Dr O'Callaghan said when it came to treatment, not all patients with chronic pain required surgery.

He said treatment could range from minor spinal interventions to carefully co-ordinated pain management planning, which could facilitate a patient's re-engagement to meaningful exercise programs.

"This usually results in better pain relief and improved well-being in the longer term," said Dr O'Callaghan.



PAIN SPECIALIST DR JIM O' CALLAGHAN

FOR MORE INFORMATION CONTACT:

Axxon Pain
Level 6, Brisbane Private Hospital
259 Wickham Tce, Brisbane

T: 07 3180 4400
E: admin@axxonpain.com.au



YOUTH-SPECIFIC PILOT PROGRAM TO LAUNCH AT DAMASCUS

An out-patient program specifically designed for younger patients will be piloted at Brisbane Private’s alcohol and prescription drug rehabilitation unit, after it was revealed that 18 to 25-year-olds were not participating in the follow-up groups presently on offer.

Psychologist Marina Birmingham, who has worked at Damascus for 25 years and developed and managed Australia’s first government-funded program for substance dependent youth, said ongoing support was essential to recovery from substance dependence.

She said if young people were reluctant to engage with the current out-patient support, it was vital to provide a service that met their needs.

“After surveying our younger patients over an 18-month period, we learned that while they gained great benefit from learning the life skills taught in the in-patient program, they did not feel comfortable participating in discussion groups about life issues with older patients,” said Ms Birmingham.

“Our younger patients felt they were unable to relate to many of the issues discussed by those at a later stage in life, and their feedback consistently indicated they would benefit from a youth-specific follow-up out-patient program that focused more on the needs and life skills relevant to them.

“At Damascus, we are determined to meet the needs of our younger patients and have responded by developing this pilot program that we believe will be of great benefit to them.”

Ms Birmingham said the new Damascus program combined patient feedback with evidence-based methods, drawing on recommendations from the ERIC Program -

developed by Dr Kate Hall, a senior lecturer in addiction and mental health at Deakin University’s School of Psychology.

Damascus also had input from well-respected social worker Cameron Francis from Dovetail - Queensland Health’s Metro North Mental Health, Alcohol and Drug Service - who provided the latest research and best practice information regarding working with youth with substance issues.

Ms Birmingham said the underlying theme of the program was ‘how to create and live a meaningful life without the need to use or abuse alcohol or drugs’.

“It is a rolling program with stand-alone topics that allow people to join at any time for as little or as long as they need, or as their doctor recommends,” she said.

“While the main focus is on abstinence from substances, harm minimisation will also be addressed.

“Extra topics that are not necessarily covered in some of our other programs have been included, such as body image, sexuality and sexual identity, and trauma.

“Attendees will be in a supportive forum, facilitated by Damascus’s allied health staff, where they can meet and interact with other people of their age who are working towards ‘living sober’.”

Ms Birmingham has decades of experience working with youth dealing with substance dependence. In addition to her work with Damascus and Queensland Health, she wrote an Honors thesis at University of Queensland on ‘Teenage Drinking’, and two articles on ‘Youth and Substance Dependence’ that were published in the international journal, ‘Journal of Adolescence’.



PSYCHOLOGIST MARINA BIRMINGHAM

The pilot program, developed by Ms Birmingham and Damascus Program Coordinator Bev Wethereld, will commence in May.

FOR MORE INFORMATION CONTACT:

Damascus Health Services

T: 07 3834 6475

ADDICTION: A COMPLEX PSYCHIATRIC CONDITION



PSYCHIATRIST AND ADDICTION MEDICINE
SPECIALIST DR ANDREA STIMMING

Addiction to alcohol and other drugs is affecting an increasing number of Australians and according to a Brisbane Private psychiatrist and addiction medicine physician, it can be one of the most complex conditions to manage.

A 2017 report from the Australian Institute of Health and Welfare revealed more than 130,000 Australians were receiving treatment for alcohol and drug use, an almost 15 per cent increase on the previous year.

Dr Andrea Stimming, a psychiatrist and addiction medicine physician at Brisbane Private's prescription drug and alcohol rehabilitation unit Damascus Health Services, said addiction had the ability to cause widespread distress.

"Addiction is a very puzzling, frustrating illness that can affect not only the patient but their networks around them," she said.

"Part of the frustration with addiction is its counterintuitive nature.

"A substance, like alcohol, has the ability to worm its way into your life and change your brain pathways to a point where it becomes the most important thing in your life - more important than food, sexual relationships or friendship groups."

While it may seem impossible to treat, Dr Stimming said Damascus was focused on taking a holistic approach and this had proved most successful.

"As a specialist doctor, I try to look at the person as a whole as well as their context within the family, their work and their life in general," she said.

"I then put all those different parts of a person together to try and understand that puzzle and how they got to where they are now.

"At Damascus, we take a biopsychosocial and spiritual approach in terms of an individual's assessment and their treatment.

"I think it's important to not just look at the biological medication aspect. Damascus is very good at facilitating and supporting this form of holistic treatment."

Dr Stimming said unlike other parts of psychiatry where a patient may not understand their illness or the treatment might be more paternalistic, addiction heavily relied on a patient's point of view to get better.

"It's really dependent on someone's sense of autonomy and agency, what they want to do and their values in life," she said.

While Dr Stimming receives patients who are at the severe end of the spectrum in terms of their condition, she said there were some initial screening checks that general practitioners could do.

"Patients I treat may wish to get back to a point where they can control their drinking better, but often in reality, it's unobtainable," Dr Stimming said.

"General practitioners would see a much wider spectrum of cases - a patient might set themselves a goal of getting back to social drinking, but if a GP notices their substance use is still affecting negatively on important spheres of life like relationships or work, that is an indicator that maybe the patient needs more intensive treatment."

While addiction has several factors that differentiate it from other psychiatric conditions, Dr Stimming said it was similar in its relentless nature.

"Addictions are a spiritual disease. You lose sight of who you really are and the essence of who you are and what's important to you," she said.

"But like any other disease, it's a chronic, relapsing illness and you've got to be mindful all the time.

"Even if you're abstinent, the risk of relapse is statistically high, so vigilance is really important."

FOR MORE INFORMATION CONTACT:

Dr Andrea Stimming
Suite 49, Level 4, Silverton Place,
101 Wickham Tce, Spring Hill QLD

T: 0490 846 890

F: 07 3532 5144

E: contact@drstimming.com.au

W: brisbaneprivatehospital.com.au/damascus-home



SCREENING TEST A GAME-CHANGER IN REDUCING FRAILTY IN ELDERLY PATIENTS

A Brisbane Private Hospital geriatrician has commended a new government resource designed to identify elderly patients at risk of frailty.

Dr Anthony French said early intervention was imperative in combating the debilitating illness, which is estimated to affect at least four million Australians aged 70 and over by the year 2050.

“This resource is a great step in the right direction,” he said.

“By taking this initial screening test and following up with their general practitioners, elderly patients can find out if they’re at risk, and if they are, make the necessary lifestyle changes before it eventuates.”

Frailty arises from the accumulation of microscopic damage at the cellular and subcellular level that is not repaired or removed. This damage may increase to macroscopic damage, and it’s not until this stage that it’s clinically diagnosed.

Physical indicators include a loss of muscle mass, muscle weakness, poor endurance or energy, slowness and low physical activity. Frailty also compromises the body’s ability to repair the cellular damage, leaving those suffering more vulnerable to falls and other illnesses.

Dr French said frailty was often the diagnosis before complete deconditioning - a more severe decrease in mobility and one that requires rehabilitation.

“All of the diagnoses associated with ageing and those that accelerate ageing, are associated with frailty and increase the risk and rate of deconditioning,” he said.

“This is preventable, though, and it is measures like this online screening test that really help, as deconditioning is often very difficult to reverse.”

The online test is also used to gather important data on those more at risk of frailty and some of the warning signs.

In an Australian-first study conducted by aged care provider Benetas, 3,000 participants aged 65 and over and currently living at home, completed a survey targeting fatigue, resistance, ambulation illnesses and loss of weight.

The study found that women were more at risk of frailty than men, with almost half of the women surveyed classified as frail or pre-frail, compared to less than 40 percent of men. While the research shows some prevalence of frail risk, it wasn’t present in all seniors, which suggests it could be prevented entirely.

“Education of elderly patients and their caregivers and doctors about the importance of maintaining physical activity is vital in minimising this health issue,” said Dr French.

“Avoidance of a sedentary lifestyle in retirement with increasing age must be an important goal of public education and community health programs.

“Educating vulnerable patients and reinforcing the importance of exercise will make a big difference. Pass on this message; “your muscles, your strengths and your abilities: use them or lose them.”

The test can be found at www.parc.net.au.

FOR MORE INFORMATION CONTACT:

Dr Anthony French
Queensland Geriatric Medicine Group

T: 1300 662 884
E: info@qgmg.com.au



DR ANTHONY FRENCH, RIGHT AND ABOVE WITH A PATIENT, SAYS EARLY INTERVENTION IS IMPERATIVE IN COMBATING FRAILTY





QUEENSLAND HIPS AND KNEES FAREWELLS FOUNDING SURGEON

Dr David Morgan, the founder and longest-serving surgeon of private orthopaedic practice Queensland Hips and Knees, has retired from his role.

Dr Morgan, who started the practice two decades ago, will be moving into the medico-legal field and launching a new practice, The Medicolegal Mind.

Dr Morgan said there had been a number of highlights over his 20-year career with the Queensland Hips and Knees organisation.

“Many highlights have been related to positive outcomes with satisfied patients; while dealing with peers, superiors, fellow professionals and juniors has also been exceedingly enjoyable,” he said.

Dr Morgan said he had been very fortunate to experience some momentous changes in the realm of orthopaedic surgery over the decades.

“There have been significant changes witnessed over the years,” he said.

“Many relate to a wide range of new surgical techniques and dramatic improvements in instruments and implants.”

Dr Morgan said it has been an honour to work beside his colleague and surgeon, Dr Gauguin Gamboa, who he met more than a decade ago.

“Dr Gamboa was initially a fellow with Queensland Hips and Knees and performed at an outstanding level,” he said.

“He then went and completed his fellowship in orthopaedic surgery and has been a responsible, reliable, loyal and exceedingly hard-working colleague ever since he joined Queensland Hips and Knees.”

Dr Morgan said his foray into the medico-legal sector had been a long-held passion.

“Ever since I began clinical orthopaedic surgery in the mid 1980s, I had a strong interest in medico-legal issues,” he said.

“Performing medico legal reports for personal injury and medical negligence cases gave me an opportunity to exercise my energies in all three directions.

“I have continued that medico legal interest through my career and this seems like a natural progression.”

While his new role has him largely liaising with law firms, insurance companies and workers’ compensation groups, Dr Morgan said part of his new venture also included speaking with general practitioners on ways they could protect themselves.

“Being wise before the event is obviously the best protection,” he said.

“I often speak with general practitioners (and specialty groups) outlining potential pitfalls, problems and traps.”

Dr Morgan said most litigants were suffering, not only from their physical injuries but also from the emotional rollercoaster of the legal process.

“I’m passionate about easing their burden,” he said.

“The process can be long, expensive, unpredictable and sometimes unsatisfactory.

“My job is to be open, honest, transparent and objective.”

FOR MORE INFORMATION CONTACT:
Queensland Hips and Knees

T: 07 3832 1652

W: qldhipsandknees.com.au

W: themedicolegalmind.com.au

SURGEON'S PRIDE IN HOMETOWN EXHIBITION

Dr Lawrie Malisano has witnessed phenomenal change in his more than three decades as an orthopaedic surgeon.

Now, thanks to a travelling exhibition close to his heart, Brisbane Private Hospital patients, doctors and staff have been granted an intimate insight into the breadth of that change.

“As a local surgeon operating out of Brisbane Private, I am extremely pleased the Travelling Exhibition of Orthopaedics in Australia has visited the hospital,” said Dr Malisano, president of the Australian Orthopaedic Association and a proud advocate for an initiative that has seen the specialty brought to life in the foyers of select hospitals across the nation.

“Orthopaedic surgery has been a constantly evolving area of medicine. In my 35 years of surgery, there have been major advances in imaging, prostheses and surgical techniques and equipment.

“All this has meant we can provide reliable, life-changing procedures.”

As one of only a handful of Queensland hospitals to host the exhibition, Brisbane Private rolled out the welcome mat for the Australian Orthopaedic Association display during March.

From information on sports injury prevention to the evolution of joint replacement and innovations such as 3D printing and robotics, the interactive display celebrates the contribution of orthopaedics to the health and wellbeing of the Australian community.

Display items include prosthetic models, surgical tools and x-rays, as well as a resident skeleton called Clarissa, who had to step up after her brother ‘Clarence’ was at the centre of a ‘spineless’ theft when the exhibition visited an Adelaide hospital late last year.

For Dr Malisano, the free exhibition is playing a vital role in raising community awareness of the hundreds of orthopaedic procedures performed each year in more than 300 Australian hospitals – including his own.

“Our speciality keeps our children in the game, puts the bounce back in the knees and hips of our elderly and keeps all of Australia moving,” he said.

“More than 1.3 million hip and knee joint replacement procedures have been undertaken throughout Australia’s hospital network since 1999.

“Each of those procedures has had a huge impact on a person’s quality of life and one of the joys of my profession is being able to play a part in that process.”



DR LAWRIE MALISANO

Brisbane Private Hospital is renowned as a respected provider of orthopaedic services, with its leading surgeons and latest techniques attracting world-class athletes and patients of all ages.

The Australian Orthopaedic Association is the peak professional body for orthopaedic surgeons in Australia, providing high quality specialist education, training and continuing professional development.



DR DAVID NGUYEN

CONSULTANT PSYCHIATRIST

MBBS (Hons), B Pharm, FRANZCP



Dr David Nguyen is an early career general psychiatrist and is the newest member of the Damascus team.

Dr Nguyen completed his undergraduate Bachelors degree of Pharmacy and postgraduate Bachelors degree of Medicine at the University of Queensland. Dr Nguyen went on to complete his psychiatry training at several public and private facilities, including Damascus.

He has a special interest in drug and alcohol addiction management and its interactions with mental health. Furthermore, with his background in

Pharmacy, he has a special interest in psychopharmacology.

As a member of the College of Psychiatrists, Dr Nguyen has been involved with the interviewing of future trainees and generally promoting the field of psychiatry to medical students and junior doctors.

FOR MORE INFORMATION CONTACT:

Damascus Health Services
T: 07 3834 6475

DR SHEANNA MAINE

LOWER LIMB SURGEON

BSc, BMBS, FRACS (Orth) FAOA



Dr Sheanna Maine is a Lower Limb Orthopaedic Surgeon with an interest in paediatric orthopaedics.

After completing her medical degree in 2002, she trained in orthopaedic surgery in Queensland and achieved her FRACS in 2010.

In 2012, Dr Maine undertook a fellowship in paediatric orthopaedics at the Royal Children's Hospital in Melbourne where she worked in general paediatric orthopaedics, limb reconstruction and paediatric sports medicine.

Dr Maine is currently collaborating with Griffith University in researching the consequences of lower limb malalignment on the patellofemoral, as well as joint reaction forces in the lower limb. She recently received the ISAKOS

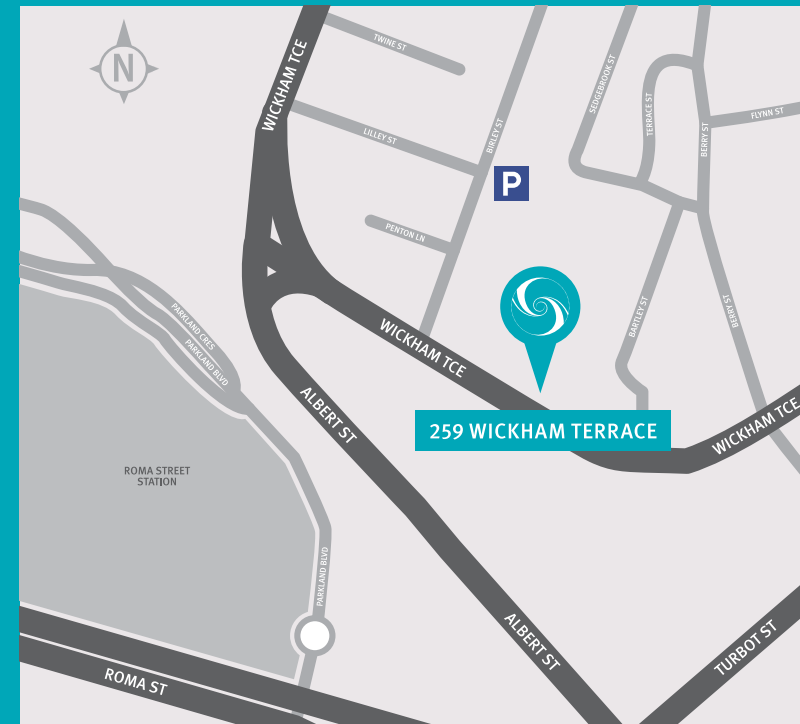
Patellofemoral Travelling Fellowship award and will be travelling to the US and Europe to further her knowledge in this area.

Dr Maine is secretary of the Australian Limb Lengthening and Reconstruction Society and a faculty member of the Australian Paediatric Orthopaedic Society, having been an organising committee member and instructional course lecturer for the past four years.

In addition to Brisbane Private Hospital, Dr Maine practices at the Lady Cilento Children's Hospital and Redcliffe Hospital.

FOR MORE INFORMATION CONTACT:

Queensland Limb Reconstruction Clinic
T: 07 3177 2779
F: 07 3188 7649
E: admin@qldlrc.com.au
W: qldlrc.com.au



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

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

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



259 Wickham Terrace
Brisbane QLD 4000

P: 07 3834 6111
F: 07 3834 6596
W: www.brisbanepivatehospital.com.au



EKCO

HAND THERAPY

EKCO Hand Therapy

- Leaders in the provision of hand and upper limb rehabilitation.
- Providers of personalised treatment plans developed by experienced clinicians.
- **Specialised Services Include:**
 - Splinting/fracture casting
 - Mobilisation/strength programs
 - Pain/oedema management
 - Return to work conditioning
- **Treating:**
 - Acute/chronic conditions
 - Pre and post operative care
 - Work/sporting injuries

EKCO Hand Therapy Clinic Locations

EKCO Hand Therapy has 8 primary clinics across the greater Brisbane area.

ekco.com.au

EKCO Hand Therapy Brisbane Private Hospital

P: 0477 713 608

A: Level 9, Brisbane Private Hospital

