

# INFOCUS

SURGEON BRINGS **LIMB LENGTHENING EXPERIENCE** TO BPH

SAVING THE **MENISCUS**

REHABILITATION UNIT **EXPANDS**

ISSUE 15



**Brisbane**  
PRIVATE HOSPITAL



# CONTENTS

- GM Update..... 1
- Limb Lengthening Surgery Introduced ..... 2
- Rehab Ward Increases Capacity ..... 4
- Collaboration Leads To New Protocol ..... 6
- Surgeon Accepts Fresh Challenge ..... 8
- Putting ACL Reconstructions To The Test ..... 10
- Saving The Meniscus ..... 12
- GP Guide To Shoulder And Knee Injuries ..... 14
- Call For Osteoarthritis Patients ..... 16
- Q&A - The Bullet And The Surgeon ..... 18
- Orthopaedic Directory ..... 20
- New Rooms At The Private ..... 22
- New Faces – Dr Andrew Mayo ..... 24
- New Faces - Dr Tyson Doneley ..... 25



ABOVE: REHABILITATION UNIT EXPANDS  
 RIGHT: BRISBANE BULLETS DOCTOR AND ORTHOPAEDIC SURGEON,  
 DAVID HAYES

## INFOCUS ISSUE 15

### GM UPDATE

BY MAIRI McNEILL



**B**risbane Private has long been recognised as a leader in the field of orthopaedics and this edition of In Focus highlights continuing excellent orthopaedic care.

From top-rate surgeons and ground-breaking techniques to research that is helping shape the future of the specialty, we pride ourselves on being one of the leading private orthopaedic facilities in Queensland. Thousands of patients turn to us each year for exceptional clinical care and outcomes, from everyday mums to sports stars and the teams they play for.

One of those teams is the National Basketball League’s Brisbane Bullets, with whom we have a proud association as official hospital partner. Leading surgeons Dr David Hayes and Dr Darren Marchant form part of the club’s medical team.

In this edition, Dr Hayes actually goes one-on-one with Bullets captain and Australian representative Adam Gibson (pages 18-19) in a humorous and informative insight into their respective worlds. The bond between the pair is evident and further proof of why so many athletes turn to Brisbane Private when their bodies need to be repaired.

As an added bonus, this edition also contains a directory listing all of our orthopaedic surgeons by special interest (pages 20-21). Brisbane Private is home to the largest team of private orthopaedic specialists in the state and thus this guide is a handy reference to assist doctors in choosing which orthopaedic surgeon to send particular patients to.

## SURGEON BRINGS LIMB LENGTHENING EXPERTISE TO THE PRIVATE

**B**risbane Private has added revolutionary limb lengthening surgery to its array of services following the recruitment of one of the specialty's most passionate advocates.

Lower limb orthopaedic surgeon Dr Sheanna Maine, whose Queensland Limb Reconstruction Clinic is now consulting and operating at the hospital, is one of only a handful of clinicians in the state using 'growing nails' to lengthen the bones of patients with one leg shorter than the other.

The technique, which uses a magnetic gearing system to lengthen a surgically inserted intramedullary nail about 1mm per day, is allowing surgeons to correct limb length discrepancies caused by birth defects, disease or injury with greater ease than ever.

"Recent technology has made the procedure a lot simpler to perform and far less risky," said Dr Maine, the secretary of the Australian Limb Lengthening and Reconstruction Society.

"Prior to the use of intramedullary nails that sit inside the bone, we had to use external frames. These are large scaffold-like structures that are far more complicated and laborious to use for all concerned.

"We still use frames for complex deformity correction surgery, however, growing nails are a very nifty technique for lengthening procedures and give the patient a lot more freedom."

Dr Maine, who also performs adult lower limb arthroplasty and paediatric knee surgery, said while congenital limb deformities could be treated more easily in childhood, many parents did not realise they had the option – or even a problem – until it was too late.

"If a child's leg is shorter by less than 2cm, we can generally solve the issue by using other techniques that stop the longer leg growing," she said.

"The problem is the abnormality sometimes gets missed, while a lot of people don't even realise it can be fixed. I see a few kids who are on the verge of adulthood and they've had this problem for years but it's never been picked up or looked at.

"It's difficult telling them we had the chance to fix it but we now have to use a more difficult procedure. That's why community awareness is so important."

Dr Maine said the timeframe from consultation to successful recovery depended on how much a limb needed to be lengthened.

"If that is 3cm, it takes about 30 days. If you're after 15cm, it's obviously a lot longer," she said.

"Once lengthened, further time is then required for the bone regenerate to solidify and harden before the nail can be removed.

"The nail grows independently of the patient and works by a magnetic gearing system. You have an external magnet that spins and lengthens the nail at 1mm per day but because of limitations related to soft tissues, we don't usually do more than 8cm at a time.

"That means if we're caring for a child who needs a limb lengthened by 13-15cm, we need to do it once and then bring them back years later to do the rest."

Dr Maine said she had a passion for limb lengthening surgery because it was a process rather than a single operation.

"For starters, the planning is quite complicated because you want to ensure you're doing the right thing for the patient at the right time," she said.

"Then the execution is technically tricky and involves close contact with the patient. You see them quite frequently so get to know them on a very personal level. You don't just see them and wave goodbye.

"Then, when it's all over, you see a significant difference in their quality of life and that's quite inspiring."

### FOR MORE INFORMATION CONTACT:

Dr Sheanna Maine  
Queensland Limb Reconstruction Clinic

T: 07 3177 2779  
F: 07 3188 7649  
E: [admin@qldlrc.com.au](mailto:admin@qldlrc.com.au)  
W: [qldlrc.com.au](http://qldlrc.com.au)



LOWER LIMB ORTHOPAEDIC SURGEON DR SHEANNA MAINE

# REHABILITATION WARD INCREASES CAPACITY THANKS TO UPGRADE

**B**risbane Private Hospital's Rehabilitation Unit is expecting to substantially increase its patient intake after a recent upgrade to facilities.

Hospital Geriatrician Dr Anthony French said the newly expanded ward would give more patients access to the highly regarded service, particularly those suffering from physical dysfunction conditions like deconditioning.

"The upgrade allows us to not only take on an increased number of orthopaedic and surgical referrals, but to offer more access to patients from the community suffering with functional and physical dysfunction whose independence and ability to manage would be improved with our help," he said.

"We can assist them with an assessment and management of their physical, medical, psychological and support deficits including cognitive deficits, carer training and equipment access, as well as home modification access and acquisition."

As part of the upgrade, the ward is now equipped exclusively with private ensuited rooms, as well as a large, modern gymnasium and additional therapy rooms.

"Patients will have access to personalised recovery programs, as well as increased access to one-on-one therapies as required in additional exercise areas, including occupational therapy which focuses on competency with domestic

tasks including kitchen and laundry tasks," said Dr French.

Not only will the ward have capacity for more patients, it will also have increased capacity to treat more complex cases.

"We can now help those with degenerative neurological conditions, deconditioning, cognitive impairment and functional deficits that require comprehensive multidisciplinary input," said Dr French.

The substantial upgrade comes as the ward cements itself as a leader in the field of rehabilitation.

"Brisbane Private Hospital rehabilitation offers a comprehensive approach to rehabilitation," said Dr French.

"We consider our patients in all aspects, with a focus on recovery from their operation, management of pain and other medical problems, as well as identification and treatment of dysfunction and deficits due to their orthopaedic problems and their operation."

According to Dr French, the ward is unique as it is physician led, with the multidisciplinary team all working together to make the rehabilitation process productive, positive and rewarding.

"Physician-led rehabilitation means assessing and treating the whole person, their environment and future function, with a person-focused approach," he said.

Part of the ward's approach is also 'fast-tracked' rehabilitation, with patients often able to go home after seven to 10 days' treatment.

"Fast-tracked rehabilitation is used to optimise recovery of function, management of temporary symptoms, such as pain, and give patients who have good physical and psychological reserve and are highly motivated to push themselves, the opportunity to return to independent living sooner," said Dr French.

"The more intensive programs are the hardest to work through, but the rewards are there for those who are able to take on an advanced recovery program."

Dr French said by fast tracking their rehabilitation, patients could return home sooner with functional independence and receive ongoing support from community-based therapy.

#### FOR MORE INFORMATION CONTACT:

Dr Anthony French  
Queensland Geriatric Medicine Group

T: 1300 662 884  
E: [info@qgmg.com.au](mailto:info@qgmg.com.au)  
W: [qgmg.com.au](http://qgmg.com.au)

RIGHT: GERIATRICIAN DR ANTHONY FRENCH WITH A REHABILITATION PATIENT



# COLLABORATION LEADS TO NEW TREATMENT PROTOCOL



YOUNG GYMNASTS ARE AMONG THOSE MOST COMMONLY AFFLICTED BY STRESS FRACTURES OF THE PARS INTERARTICULARIS REGION OF THE LUMBAR SPINE

**A** condition that affects one in sixteen Australians could now have a universal treatment plan with better recovery results, thanks to a program developed by a team led by Brisbane Private specialists.

Spine surgeon Dr Paul Licina, along with a team of sports medicine physicians, radiologists, physiotherapists and researchers, has established a universal treatment plan for stress fractures of the pars interarticularis region of the lumbar spine.

This is a condition that is most commonly seen in children and adolescents, especially those who play certain sports such as gymnastics, diving and cricket.

Dr Licina said the protocol was aimed at identifying this type of common stress fracture sooner to achieve early pain relief and eventual bone healing.

Currently, stress fractures are often missed at the time of incident and are not discovered until later in life when a patient begins experiencing degeneration, back pain and/or nerve pain.



SPINE SURGEON DR PAUL LICINA

Dr Licina said if the fracture was detected in a sports environment, it was often treated in a haphazard way.

“Treatments used include complete rest, avoidance of sport, specific exercises or bracing but there really isn’t understanding or agreement of what the best approach is,” he said.

“No one knows when to use a brace, how long to avoid sport, or what exercises to do. There is no defined protocol.”

“It’s really about telling those who may see it first, like GPs, physiotherapists, massage therapists or personal trainers, that it exists, how they can identify it and how best to treat it,” said Dr Licina.

The first part of the new protocol is a screening tool designed to determine the likelihood of a fracture being present and whether an MRI should be ordered.

The second stage of the treatment is determining if the fracture has the capacity to heal – something previously not possible without CT scans and the associated risk of excessive radiation.

“The new combination of specific MRI sequences will be able to identify this, so the second part of the protocol explains to specialists how to do the scan and what the results mean in regard to the healing process,” said Dr Licina.

Those fractures with healing potential are treated in a brace for 12 weeks and then with specific exercises, whereas those that won’t heal are treated with exercises only.

“Wearing a brace for three months is a big commitment and only worth it if it works for that particular patient,” said Dr Licina.

“Using a brace for an acute fracture is likely to lead to complete pain relief within a week, and achieve fracture healing which will protect the back from problems in adult life. It won’t do anything for an established fracture.”

The associated rehabilitation program is supervised by a physiotherapist and involves specific graduated exercises that start in the brace and continue until return to sport.

Dr Licina and his research team will be presenting at a range of specialist conferences over the coming months, including orthopaedic, radiology, sports medicine and physiotherapy.

“After presenting our work at each of these conferences, we will be publishing the results on a website,” he said.

“Here, people can enrol their patients and upload their clinical presentation, scans, symptoms and results so we can track each case.”

“The website will also provide a blog, a forum and a place to collate patient outcomes so we can prove the protocol is working and also identify any potential new insights or suggestions that we might be able to apply.”

**FOR MORE CONTACT INFORMATION:**

Dr Paul Licina  
SpinePlus

P: 1300 525 354

F: 1300 525 355

E: [spine@spineplus.com.au](mailto:spine@spineplus.com.au)

W: [spineplus.com.au](http://spineplus.com.au)

# SURGEON ACCEPTS CHALLENGE OF FILLING LARGE SHOES



HIP AND KNEE SPECIALIST,  
DR GAUGUIN GAMBOA

**D**r Gauguin Gamboa and Dr David Morgan formed a great team at Queensland Hips and Knees (QHAK) for almost a decade.

Now, with his highly respected mentor having retired from the practice, Dr Gamboa is embracing the challenge and thrill of charting his own course.

“David taught me so much during the past decade, not only about being a surgeon but also how to run a successful practice,” Dr Gamboa said of his mentor, who founded QHAK 30 years ago and has now chosen to limit his practice to medicolegal examination.

“Although it would be difficult to claim anyone is a perfect surgeon, there is no question he always aimed to be the best he could be and following in footsteps as large as his is a formidable challenge.

“While I believe I have made numerous positive contributions to improve our practice during the past 10 years, David’s retirement marks a moment where I am expected to apply significant changes in order to make QHAK my very own.

“This is an opportunity for me to develop a practice that is unique to my preferences and hopefully further elevate our standards.”

Dr Morgan founded QHAK in 1988, setting up camp in its current premises on the 8th floor of the Specialist Centre of Brisbane Private Hospital (then Holy Spirit Hospital) with an establishment that was highly impressive and ahead of its time.

He made a name doing complex revision surgeries using structural allograft that only a few other surgeons have had experience dealing with.

Thirty years later, Dr Gamboa said the standard of orthopaedic care had greatly improved and it was imperative that he attempted to raise the bar even further.

“I have continued David’s legacy and experience with very complex revisions of hip and knee replacements,” he said.

“However, while I still consider using structural allograft material for cases where there is massive bone loss, I have done so sparingly in recent years as highly successful new techniques have been developed.

“Most exciting are novel means of performing surgery, which may combine 3D imaging and printing, navigation techniques and robotic arm technology. Bespoke patient matched implants can now be readily produced, making complex surgery simpler, faster and safer.



“Despite some setbacks and limitations with regards to Medicare support for arthroscopic surgery of the hip, these techniques continue to be useful for the appropriate candidate.

“Extracapsular endoscopic surgery such as iliopsoas and iliotibial band release, as well as gluteal and hamstring repair, can be performed quickly. Painful hip replacements may have simple arthroscopic solutions that can be performed without the need for formally reopening the hip.”

Dr Gamboa said he had also expanded the practice’s scope of services with regards to arthroscopic surgery to the knee.

“While David had no interest in treating sporting and ligamentous injuries, I have developed a reasonably busy sports injury practice on top of my joint replacement work,” he said.

“To augment and facilitate service, I have also modified the practice’s Fellowship Training scheme.

“I now supervise an Australian Orthopaedic Association accredited Fellowship program. A Fellowship-trained orthopaedic surgeon works

and trains with me for eight months in order to gain exposure to the subspecialised field. This allows for improved service and is also a driving force for the research and training endeavours of the practice.

“I also believe optimal results can be achieved if appropriate post-operative rehabilitation is undertaken and have therefore engaged experienced physiotherapist Stephen Boyd to provide inhouse services.

“He and his team have direct access to me during consultation, allowing for slight modifications to be made to a specific patient’s rehabilitation program. Such changes can be directly, effectively and immediately communicated.”

Dr Gamboa also oversaw a major facelift of his consulting rooms late last year.

“I envisioned a consulting suite that was warm and patient-friendly so we have created better entry access with a wide automatic door and provided designated elevated seating for post-operative joint replacement patients,” he said.

“A variety of refreshments and reading materials are also available for patients awaiting their consultation.

“Carrying on a legacy and filling the shoes of a highly respected and experienced orthopaedic surgeon is certainly a daunting endeavour.

“That said, the journey is also an exciting one that I am greatly looking forward to. I can only hope the recent changes I’ve made will make the current practice deliver services that are at par, if not better, than those that we have provided in the past.”

## FOR MORE INFORMATION CONTACT:

Queensland Hips and Knees  
Suite 1, Level 8, Specialist Centre  
Brisbane Private Hospital  
259 Wickham Terrace, Brisbane

T: 07 3832 1652  
W: [qldhipsandknees.com.au](http://qldhipsandknees.com.au)

# SURGEONS TEST NEW APPROACH TO ACL RECONSTRUCTION



**S**pecialists from the Brisbane Orthopaedic and Sports Medicine Centre are examining a new technique for ACL reconstruction in a bid to improve re-rupture rates, functionality and hamstring strength.

The study, which is being conducted by orthopaedic surgeons Dr Brett Collins, Dr Tim McMenimen, Dr Tony O’Neill and Dr Peter Myers, will compare two reconstruction techniques side by side in order to determine which has the most positive results.

A torn ACL is a very common sports injury and reconstructive surgery involves the replacement of the damaged ligament with new ACL graft tissue – usually taken from the hamstring.

Dr Brett Collins said the difference between the two techniques was how this graft tissue was made up.

“The more traditional and widely used form of reconstruction involves using two hamstring tendons and folding them over to make a four-strand graft,” he said.

“These are then fixed in place in the knee with a screw in the femur and a screw in the tibia.”

Dr Collins said the new technique involved using only one hamstring tendon, not two.

“Because we don’t need a long graft, we can fold that tendon over four times so we still get a four-strand graft, but it’s a bigger one,” he said.

“It’s also fixed with a slightly different implant. Rather than screws, we use what’s called an ACL TightRope.

“Using this, the graft is passed through a really strong fibre loop and then that fibre loop is shortened to therefore tighten the graft once it’s in place.”

There are many potential benefits to this type of technique, according to Dr Collins, which he hopes the study will confirm.

“By only using one tendon we’re maintaining some hamstring strength and having less strength in that area can create problems post-surgery,” he said.

“The second benefit is that we’re using a thicker graft by using just the one tendon.

“The reason for that is that with most tendons, you’ll have a smaller and a bigger size so when you fold them both over, you’re not getting as large a diameter graft as you can if you choose the larger of the two tendons and fold it over four times.

“Thirdly, the tightrope technique does not have a screw between part of the graft and the bony tunnel of the femur or tibia. Because of this, there may be improved incorporation and, therefore, strength of the graft healing to the bone.”

By using a bigger graft, Dr Collins said the study may reveal improved re-rupture rates – a common issue with ACL reconstruction.

“There’s definitely a risk of re-rupture with ACL reconstruction. While it does relate to a few factors like patient age, activity level post-surgery and other injuries that happened at the time, the graft diameter is an important component,” he said.

The study will require 250 patients, divided into two groups. Dr Collins said they were currently seeking patients who have an ACL rupture and are aged between 16 and 55 years old.

“They can have other associated injuries both acute and chronic ACLs are suitable for the study,” he said.

## FOR MORE INFORMATION CONTACT:

Brisbane Orthopaedic and Sports Medicine Centre  
 Brisbane Private Hospital  
 Level 6 Specialist Centre  
 259 Wickham Tce  
 Brisbane, QLD, 4000

P: 07 3834 6635

OPPOSITE PAGE: ORTHOPAEDIC SURGEON,  
 DR BRETT COLLINS

# SAVING THE MENISCUS: RESEARCH PROGRESSES INTO TRANSPLANT TREATMENT

**B**risbane Private Hospital has cemented itself as a research leader, examining a new form of treatment for one of the most common sports injuries.

Meniscal tears are normally found in the young, active population and occur in the knee cartilage that cushions the tibia from the femur.

Orthopaedic surgeon Dr Peter Myers said while this type of injury could be treated by repair through surgery, his team was currently developing research into replacing the tissue altogether – a meniscus transplant.

“With the assistance of the Queensland Bone Bank in meniscal transplant procurement, Brisbane Private Hospital has been at the forefront of meniscus transplant research and surgery in Australia and is recognised internationally in this developing field,” he said.

The menisci are extremely important structures to the function of the knee joint.

“Once considered dispensable, the meniscus is now considered integral to load distribution, joint stability, proprioception and cartilage nutrition,” said Dr Myers.

Loss of meniscal function leads to deterioration of the joint and eventual osteoarthritis. However, the rate of this progression to arthritis is determined by a number of other factors.

According to Dr Myers, it has only been in recent years that surgical treatment for this injury has become available. This is largely thanks to a better understanding of the importance of the meniscus and the introduction of arthroscopic surgical techniques.

While most meniscal tears are painful initially, many will settle symptomatically and not require intervention. However, some do have persistent symptoms of pain, locking, catching and swelling due to an unstable segment of meniscus.

“If left alone, this unstable segment of meniscus will accelerate the process of degenerative change in the knee and these are best dealt with surgically by judicious removal of the damaged meniscal tissue,” said Dr Myers.

“The knee will continue to deteriorate but at a slower rate and with fewer symptoms.”

There are some meniscus tears that can be treated by repair, which Dr Myers says have a retention rate of 85 percent or more at five years.



ORTHOPAEDIC SURGEON  
DR PETER MYERS

“Recent tears in young people are frequently suitable for repair and specific patterns of tears in older people are readily repairable if the injury is detected early,” he said.

“MRI scan is the appropriate investigation for this assessment.”

Unfortunately, for some patients, this type of treatment won’t suffice.

“Some patients suffer significant meniscal injuries at a young age and the loss of meniscal function leads to pain and more rapid progression to arthritis,” said Dr Myers.

“With this type of injury, meniscus transplantation may be indicated. This involves the transplantation of an allograft meniscus to the knee joint to replace

an absent, damaged or non-functional meniscus. While there are very narrow indications for this procedure, the outcome for relief of pain is excellent and longevity of function very acceptable with a 10-year retention rate approaching 90 percent.”

**FOR MORE INFORMATION CONTACT:**

Brisbane Orthopaedic and Sports  
Medicine Centre  
Level 6, Specialist Centre, Brisbane  
Private Hospital.  
259 Wickham Tce, Brisbane, 4000.

P: 07 3834 6635  
E: [reception@bosmc.com.au](mailto:reception@bosmc.com.au)  
W: [www.bosmc.com.au](http://www.bosmc.com.au)



# A GP GUIDE FOR PATIENTS PRESENTING WITH SHOULDER AND KNEE INJURIES



**M**usculoskeletal injuries relating to the shoulder and knee and are among the most common sports injuries, and their immediate and correct treatment is paramount to a positive patient outcome.

However, Brisbane Private Hospital orthopaedic surgeon Dr Tony O'Neill said the treatment plan for a patient presenting with shoulder issues or acute knee problems could often be a 'grey area' and it was important for GPs to understand when specialist attention was required.

"There are a few circumstances in which patients require a distinct treatment plan involving specialist care," he said.

"Shoulder dislocations, for example, need to be referred to an orthopaedic surgeon immediately, especially when the patient is a young (contact sport) athlete.

"Patients presenting with a dislocation associated with a fracture, have a suspected rotator cuff tear or are suffering from recurrent dislocations, should also be referred immediately to a surgeon.

"When it comes to the knee, injuries that involve significant swelling and pain, restriction in range of motion or an inability to weight bear, should be referred on also.

"These patients may have a normal X-ray, despite the fact the clinical picture is one of a significant injury which could be soft tissue in nature, such as a ruptured cruciate ligament."

Dr O'Neill said the perception that orthopaedic surgeons must specialise in either 'upper limbs' or 'lower limbs' is not necessarily correct.

"In Australia, traditionally orthopaedic surgeons have been grouped into upper and lower limb, however, around the world, it is not uncommon for a surgeon to specialise in both knee and shoulder surgery as these are common injuries to sports people," he said.

"Knowing this specialty alignment will mean ease of referral and the prevention of confusion for the patient."

Dr O'Neill is one such surgeon who specialises in both knees and shoulders.

"I am a Queensland trained orthopaedic surgeon who specialises in the surgical management of knee and shoulder problems," said Dr O'Neill.

"I have done two fellowships – a knee fellowship in the United Kingdom and a shoulder fellowship in Cape Town, South Africa.

"I think the advantage of having both is the similar skillset required for this surgery.

"By this, I mean arthroscopic surgery and soft tissue repair and reconstruction."

Dr Tony O'Neill is based at Brisbane Orthopaedic and Sports Medicine Centre (BOSMC) and has a special interest in sports injuries and sub-specialty training in knee and shoulder surgery.



ORTHOPAEDIC SURGEON DR TONY O'NEILL

#### FOR MORE INFORMATION CONTACT:

Brisbane Orthopaedic and Sports Medicine Centre  
Level 6, Specialist Centre,  
Brisbane Private Hospital,  
259 Wickham Tce, Brisbane, 4000.

P: 07 3834 6635  
E: [reception@bosmc.com.au](mailto:reception@bosmc.com.au)  
W: [www.bosmc.com.au](http://www.bosmc.com.au)

# PAIN FREE WITH NO SURGERY?

## PARTICIPANTS REQUIRED FOR OSTEOARTHRITIS STUDY

### THE BRISBANE HAND AND UPPER LIMB RESEARCH INSTITUTE

The Brisbane Hand and Upper Limb Research Institute was founded in 2010 by orthopaedic surgeons Phil Duke, Greg Couzens, Mark Robinson and Associate Professor Mark Ross. It was established to facilitate and coordinate upper limb clinical and basic science research across the private and public health-care sectors in Brisbane, Queensland, Australia.

The doctors, together with a team of researchers based at Brisbane Private Hospital, are dedicated to research aimed at improving health care, surgery and outcomes of patients with upper limb conditions.



Specialists from the Brisbane Hand and Upper Limb Research Institute (BHURLI) are calling on people who suffer from osteoarthritis in the base of their thumb to take part in a study exploring conservative management of the condition.

The research project, led by orthopaedic surgeons Dr Mark Ross, Dr Greg Couzens, Dr Phillip Duke and hand therapist Wilma Walsh, is examining the best non-surgical treatment for osteoarthritis (OA) in the carpometacarpal (CMC) joint, located at the base of the thumb.

The condition, which affects up to 39 percent of people over the age of 60, results in pain, muscle weakness, deformities and instability, reducing the function of the entire hand and causing significant impairment.

“A large amount of force is transmitted through the CMC joint during pinching and grasping movements, making it extremely vulnerable to degenerative osteoarthritis,” said BHURLI Research Manager Dr Silvia Manzanero.

While surgery is recommended for severe cases of CMC joint osteoarthritis, conservative management is often offered as an alternative to surgical intervention. These strategies include hand therapy, wearing a splint or brace, or cortisone injections.

“While these strategies have been shown individually to benefit those living with OA in the base of the thumb, there has been little research on the effectiveness of these interventions when used in combination,” said Dr Manzanero.



BRISBANE HAND AND UPPER LIMB RESEARCH INSTITUTE TEAM MEMBERS

Dr Ross and his team will be conducting a four-armed blinded randomised clinical trial to investigate the clinical effectiveness of these conservative interventions when used together.

Over the course of the trial, participants will receive a heavily discounted hand therapy session where participants will learn techniques to modify their activities and exercises to improve the strength of the muscles around the joint and maximise protection of the affected joint.

In addition to the hand therapy session, and depending on the group to which they are assigned, participants may receive a free Push Brace™ and/or bulk-billed cortisone injections.

The research team requires more than 200 study participants who have been diagnosed with osteoarthritis in the CMC joint and have been considering hand therapy to alleviate their symptoms.

“After a few quick questions via phone, preselected participants will be invited to

come to the Research Institute to confirm eligibility,” said Dr Manzanero.

If eligible, participants will benefit from a heavily discounted session of hand therapy. They will also be invited to complete an assessment and questionnaire before and after the study, and potentially receive free additional treatments.

If you or anyone you know has been diagnosed by a medical practitioner with osteoarthritis in the CMC joint, please contact the Research Institute for further eligibility details.

#### FOR MORE INFORMATION CONTACT:

Brisbane Hand & Upper Limb Research Institute  
Level 9, 259 Wickham Terrace  
Brisbane Qld 4000

P: 07 3834 6488 / 07 3834 7069  
E: [research@upperlimb.com](mailto:research@upperlimb.com)

# ONE ON ONE : ADAM GIBSON VS DAVID HAYES



LEFT: BRISBANE BULLETS CAPTAIN ADAM GIBSON. RIGHT: ORTHOPAEDIC SURGEON DR DAVID HAYES

In this candid '5 SHOT' Q&A, Adam Gibson, captain of the Brisbane Bullets Basketball team, Australian basketball point guard and arguably the world's best point guard, goes one on one with Dr David Hayes, middle-aged orthopaedic surgeon and basketball "never been". We gain an insight into what makes them tick.

**Dr Hayes takes the ball ...**

**DH:** So Adam, I understand that you have recently been successful in an Australian three-on-three basketball tournament. Given Dr Darren Marchant and I were unavailable, you seem to have combined reasonably well with two other blokes to win. The team was named the Platypuses (or is it Platypii?). What are the features of the platypus which really lend itself to being a fierce basketball competitor?

**AG:** Well the platypus is a mammal of action, of course, but in addition to that it appeals to both men and women and is a national treasure. It would be un-Australian to beat a platypus.

**DH:** It must be a tremendous honour to be the captain of the Bullets while maintaining your own skill level and personal focus as a player, with associated franchise, corporate, marketing and personal demands. Not to mention paying attention to being a loving and supportive husband and caring father, looking after the dog, overseeing and building a new house renovation and, if that's not enough, your tireless community endeavours.

**AG:** Yes.

**DH:** What is your favourite operation?

**AG:** Well, I do like the distal duodenum and jejunum – I've always been a big fan. I mean the anatomical complexities, surgical accessibility, technical skill required ... yeah, it rocks.

**DH:** Any orthopaedic operations that appeal to you?

**AG:** No, I mean pretty lowbrow mundane stuff, bench players really. They pretty much do what I'm doing around the house with the reno except on joints – no offence though.

**DH:** Sure ... none taken. I know that at a critical point in your early career you had to

make a very important decision to choose between pole vaulting and basketball. Are you happy with the choice you made? Any regrets, particularly as I know how much you like wearing Lycra?

**AG:** Yes indeed, but it became apparent that I was better with handling the ball than the pole.

**Adam Gibson now takes the ball and goes on the offense against Hayes ...**

**AG:** Do you have a signature move?

**DH:** Oh, yeah sure. I like working from the elbow. I'll then cut to the opposite elbow. I then will set my own screen- fake- then take the pick and roll off my own screen (without getting called for the travel), then pro-hop my way to the rack and finishing by posterising a big centre with a tomahawk dunk.

**AG:** Sounds reasonable. What is different about treating professional basketballers as opposed to other elite athletes you treat?

**DH:** Generally, they have nicer sneakers.

**AG:** There is a photo of you preparing to 'snow-ski' down your driveway in full race gear. Would you give up surgery to enter the next Olympics for downhill skiing?

**DH:** Certainly at this stage I have given it some thought. The next stage after having more successful runs on my driveway is to get on the snow.

**AG:** With myself having recurring calf problems, is it possible for you to do a complete double calf transplant in the off-season to help me jump higher than over a 10 cent piece.

**DH:** Excellent question, Adam. While no one in the world has contemplated this before, I think we should give it a crack – what could possibly go wrong?

**AG:** Seeing as I'm the favourite baller of Brisbane Private (and rightly so), you've been blessed by my presence on your table at the last two Bullets MVP Awards dinners. You get one person to swap me out for - who is it?

**DH:** Quite right, Adam. I have been aware that I have been in the presence of greatness – no more so than every time you lowered your head to tuck into your chocolate dessert I was able

## BULLETS IN GOOD HANDS

The Brisbane Bullets are set to tackle a third National Basketball League season with a key player on their side – hospital partner Brisbane Private.

Since rejoining the league in the 2016-17 season, the Bullets have benefited from a partnership with Brisbane Private that sees the hospital and its orthopaedic team provide expert medical care to the players.

Lower limb surgeon Dr David Hayes and upper limb specialist Dr Darren Marchant are vital members of the Bullets' medical team, with the former having spoken of the privilege of helping players get back on the court.

The association continues Brisbane Private's proud tradition of working with and supporting elite sporting teams.

"It takes many people behind the scenes to achieve success in the sporting arena and we are thrilled to be playing our role in the Bullets' journey," Brisbane Private General Manager Mairi McNeill said.

"It is crucial that elite athletes spend as little time as possible on the sidelines and the Bullets coaching staff can rest easy knowing how committed our orthopaedic specialists are to managing their players' care."

Dr Marchant actually played for the Bullets in the early 1990s, while Dr Hayes was the team's orthopaedic surgeon for eight years before the franchise went into a hiatus from the NBL in 2008.

to see Travis Trice, last year's MVP, and Torrey Craig the year before that. But I think that with the new calf implants and what they will bring to your game this year, I'm sticking with you. Anyway, thank you so much for your valuable time, Gibbo.

**AG:** No problems, it was the least I could do. If I could have done less, I would have - and thank you for having me, Hayesy.

**DH:** The pleasure was all yours, Gibbo ... I mean mine.

# BRISBANE PRIVATE HOSPITAL ORTHOPAEDIC SURGEONS

## UPPER LIMB - SHOULDER

### DR STEVE ANDREWS

BRISBANE HAND & UPPER LIMB CLINIC  
Surgery of hand, wrist, elbow and shoulder including microsurgery  
P: 07 3834 6103

### DR BRETT COLLINS

BRISBANE ORTHOPAEDIC & SPORTS MEDICINE CLINIC  
Knee and shoulder surgery, sports injuries  
P: 07 3834 6789

### DR KENNETH CUTBUSH

KENNETH CUTBUSH SHOULDER CLINIC  
P: 07 3834 6797

### DR GLENN DAVIES

QUEENSLAND COMBINED ORTHOPAEDIC SPECIALISTS  
P: 07 3721 8600

### DR PHILLIP F.R. DUKE

BRISBANE HAND & UPPER LIMB CLINIC  
P: 07 3834 1366

### DR DAVID GILPIN

BRISBANE HAND & UPPER LIMB CLINIC  
P: 07 3834 6533

### DR BEN HOPE

HAND & UPPER LIMB CLINIC  
Surgery of the hand and shoulder including trauma and microsurgery  
P: 07 3834 6590

### DR DARREN MARCHANT

BRISBANE HAND & UPPER LIMB CLINIC  
P: 07 3834 6272

### DR ANDREW MAYO

BRISBANE ORTHOPAEDIC AND SPORTS MEDICINE CENTRE  
P: 07 3193 3880

### DR PETER MYERS

BRISBANE ORTHOPAEDIC & SPORTS MEDICINE CLINIC  
Sports injuries, surgery knee and shoulders  
P: 07 3832 2181

### DR TONY O'NEILL

Sports injuries of the knee and shoulder and their surgical management  
P: 07 3834 6623

### DR MARK ROSS

BRISBANE HAND & UPPER LIMB CLINIC  
Surgery of upper limb, hand, wrist, elbow, shoulder and microsurgery  
P: 07 3834 6592

### DR PETER ROWAN

BRISBANE ORTHOPAEDIC AND SPORTS MEDICINE CLINIC  
Surgery of the shoulder, elbow, wrist and hand  
P: 07 3834 6519

### DR ANDREW RYAN

BRISBANE ORTHOPAEDICS SPECIALIST SERVICE  
Surgery of hand and upper limb including microsurgery  
P: 1300 297 926

## UPPER LIMB - HAND

### DR STEVE ANDREWS

BRISBANE HAND & UPPER LIMB CLINIC  
Surgery of hand, wrist, elbow and shoulder including microsurgery  
P: 07 3834 6103

### DR GREGORY COUZENS

BRISBANE HAND & UPPER LIMB CLINIC  
P: 07 3834 6553

### DR DAVID GILPIN

BRISBANE HAND & UPPER LIMB CLINIC  
P: 07 3834 6533

### DR BEN HOPE

HAND & UPPER LIMB CLINIC  
Surgery of the hand and shoulder including trauma and microsurgery  
P: 07 3834 6590

### DR DARREN MARCHANT

BRISBANE HAND & UPPER LIMB CLINIC  
P: 07 3834 6272

### DR ANDREW MAYO

BRISBANE ORTHOPAEDIC AND SPORTS MEDICINE CENTRE  
P: 07 3193 3880

### DR MARK ROSS

BRISBANE HAND & UPPER LIMB CLINIC  
Surgery of upper limb, hand, wrist, elbow, shoulder and microsurgery  
P: 07 3834 6592

### DR PETER ROWAN

BRISBANE ORTHOPAEDIC AND SPORTS MEDICINE CLINIC  
Surgery of the shoulder, elbow, wrist and hand  
P: 07 3834 6519

### DR ANDREW RYAN

BRISBANE ORTHOPAEDICS SPECIALIST SERVICE  
Surgery of hand and upper limb including microsurgery  
P: 1300 297 926

## SPINE

### DR PAUL LICINA

P: 1300 525 354

### DR RICHARD WILLIAMS

P: 07 3834 7024

## HIP

### DR TYSON DONELEY

P: 07 3394 4577

### DR GAUGUIN GAMBOA

QUEENSLAND HIPS & KNEES  
P: 07 3832 1652

### DR DAVID HAYES

BRISBANE ORTHOPAEDIC & SPORTS MEDICINE CLINIC  
P: 07 3834 7075

### DR SHEANNA MAINE

QUEENSLAND LIMB RECONSTRUCTION CLINIC  
Adult lower limb and paediatric orthopaedics  
P: 07 3177 2779

### DR LAWRIE MALISANO

BRISBANE ORTHOPAEDIC & SPORTS MEDICINE CLINIC  
P: 07 3834 6680

### DR TIM MCMENIMAN

BRISBANE ORTHOPAEDIC & SPORTS MEDICINE CLINIC  
P: 07 3839 5095

## KNEE

### DR JEREMY BARTLETT

BRISBANE ORTHOPAEDIC AND SPORTS MEDICINE CLINIC  
Surgery of the knee, sports orthopaedics  
P: 07 3834 6633

### DR GLENN DAVIES

QUEENSLAND COMBINED ORTHOPAEDIC SPECIALISTS  
P: 07 3721 8600

### DR TYSON DONELEY

P: 07 3394 4577

### DR JOHN GALLAGHER

QUEENSLAND KNEE SURGERY CLINIC  
Surgery of knee, knee replacement, sports knee injuries  
P: 07 3834 7064

### DR GAUGUIN GAMBOA

QUEENSLAND HIPS & KNEES  
P: 07 3832 1652

### DR DAVID HAYES

BRISBANE ORTHOPAEDIC & SPORTS MEDICINE CLINIC  
P: 07 3834 7075

### DR DOUG KING

DOUG KING ORTHOPAEDICS  
P: 07 3346 1770

### DR SHEANNA MAINE

QUEENSLAND LIMB RECONSTRUCTION CLINIC  
Adult lower limb and paediatric orthopaedics  
P: 07 3177 2779

### DR LAWRIE MALISANO

BRISBANE ORTHOPAEDIC & SPORTS MEDICINE CLINIC  
P: 07 3834 6680

### DR TIM MCMENIMAN

BRISBANE ORTHOPAEDIC & SPORTS MEDICINE CLINIC  
P: 07 3839 5095

### DR PETER MYERS

BRISBANE ORTHOPAEDIC & SPORTS MEDICINE CLINIC  
Sports injuries, surgery knee and shoulders  
P: 07 3832 2181

### DR TONY O'NEILL

Sports injuries of the knee and shoulder and their surgical management  
P: 07 3834 6623

## FEET

### DR DOUG KING

DOUG KING ORTHOPAEDICS  
P: 07 3346 1770

### DR JEFF PEERBOOM

P: 07 3834 6579

### DR TERRENCE SAXBY

BRISBANE FOOT AND ANKLE CENTRE  
P: 07 3834 6640

# NEW ROOMS



**W**ith Brisbane Private having undergone a \$56 million redevelopment, several specialists have relocated to new suites or overseen their own refurbishments of consulting rooms. Here is where to find them.

**DR ALI ALAVI**  
NEURON

Suite 1, Level 4, Front Building  
Brisbane Private Hospital  
259 Wickham Terrace  
Spring Hill, Brisbane  
T: 07 3733 1456  
W: neuron.com.au

**DR SCOTT CAMPBELL**  
BRISBANE NEUROSURGERY

Suite 2, Level 4, Front Building  
Brisbane Private Hospital  
259 Wickham Terrace  
Spring Hill, Brisbane  
T: 07 3832 8866  
W: drscottcampbell.com.au

**DR KENNETH CUTBUSH**  
KENNETH CUTBUSH SHOULDER  
CLINIC

Suite 3, Level 4, Front Building  
Brisbane Private Hospital  
259 Wickham Terrace  
Spring Hill, Brisbane  
T: 07 3834 6797  
W: kennethcutbush.com

**DR GAUGUIN GAMBOA**  
QUEENSLAND HIPS AND KNEES

Suite 1, Level 8, Specialist Centre  
Brisbane Private Hospital  
259 Wickham Terrace  
Spring Hill, Brisbane  
T: 07 3832 1652  
W: qldhipsandknees.com.au

**DR PETER LUCAS**  
NEURON

Suite 1, Level 4, Front Building  
Brisbane Private Hospital  
259 Wickham Terrace  
Spring Hill, Brisbane  
T: 07 3733 1456  
W: neuron.com.au

TOP LEFT: NEURON

BOTTOM LEFT: KENNETH CUTBUSH SHOULDER CLINIC

TOP RIGHT: QUEENSLAND HIPS & KNEES

BOTTOM RIGHT: BRISBANE NEUROSURGERY



## DR ANDREW MAYO

### UPPER LIMB SPECIALIST



**D**r Andrew Mayo is an upper limb orthopaedic specialist, who focuses on conditions of the upper extremity including the hand, wrist, elbow and shoulder. He is experienced in treating traumatic injuries including fractures and damage to tendons, ligaments, nerves and vessels.

Having grown up in Adelaide, Dr Mayo completed his medical qualifications in Sydney at the University of New South Wales before spending his years as a junior doctor and orthopaedic trainee in Queensland.

He undertook a Masters of Engineering in orthopaedic research at the Queensland University of Technology before completing his orthopaedic training in 2012 to become a Fellow of the Royal Australasian College of Surgeons.

Dr Mayo then began sub-speciality training by undertaking fellowships in upper limb surgery at the Royal Brisbane and Women's Hospital in 2013 and in Bristol, United Kingdom, in 2014.

Having trained in all aspects of hand, wrist, elbow and shoulder surgery, he returned to Queensland in late 2014 to work as a staff specialist orthopaedic surgeon at Redcliffe Hospital and the Royal Brisbane and Women's Hospital.

From mid-2015 to mid-2016, Dr Mayo underwent further sub-specialty training in hand surgery at the Auckland Regional Plastic Reconstructive and Hand Surgery Unit. He completed The Australian Hand Surgery Society Post-Fellowship Education and Training in Hand Surgery in February 2017.

**FOR MORE INFORMATION CONTACT:**

[Dr Andrew Mayo](#)  
[Brisbane Orthopaedic and Sports Medicine Centre](#)  
[Brisbane Private Hospital, Level 6](#)  
[259 Wickham Terrace, Spring Hill QLD](#)  
 T: (07) 3193 3880  
 E: [reception@drandrewmayo.com.au](mailto:reception@drandrewmayo.com.au)  
 W: [drandrewmayo.com.au](http://drandrewmayo.com.au)

## DR TYSON DONELEY

### HIP AND KNEE ORTHOPAEDIC SURGEON



**D**r Tyson Doneley is a sub-specialist hip and knee orthopaedic surgeon.

He performs a high volume of hip and knee surgery with special expertise in the fields of anterior hip replacement, computer-navigated knee replacement, complex primary and revision joint replacement and sports/arthroscopic knee surgery.

Dr Doneley has undertaken multiple local and international fellowships in these fields. In 2012, he was the Hip Research Fellow at the world renowned Princess Elizabeth Orthopaedic Centre located in Exeter, United Kingdom. Prior to this, he was the Lower Limb Fellow (Total Joint Replacement and Sports Medicine Surgery) at the Gold Coast Centre for Bone and Joint Surgery.

He obtained his specialist qualifications in orthopaedic surgery in 2010, having completed medical training (with honours) through the University of New South Wales in 2002.

Reflecting his surgical expertise, Dr Doneley regularly hosts visiting Australian and international surgeons who are learning advanced joint replacement surgical techniques. He is a regular faculty member, lecturer and instructor at training courses, workshops and conferences throughout Australia.

Dr Doneley maintains very high patient satisfaction ratings, reflecting his dedication to excellent surgical outcomes, as well as his friendly and personable manner.

**FOR MORE INFORMATION CONTACT:**

[Dr Tyson Doneley](#)  
 T: (07) 3394 4577  
 F: (07) 3394 4588  
 E: [reception@tysondoneley.com.au](mailto:reception@tysondoneley.com.au)  
 W: [tysondoneley.com.au](http://tysondoneley.com.au)

## INFOCUS // ISSUE 15



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.brisbaneprivatehospital.com.au](http://www.brisbaneprivatehospital.com.au)