

THE PRIVATE



**GC-FIRST SCOPE
GIVES NEUROSURGEONS
NEW CAPABILITIES**

**NEW PAEDIATRIC
ENDOSCOPY SERVICE**

**HELPING PATIENTS
TACKLE PARKINSON'S**

**NEW EQUIPMENT HELPING
WOMEN AVOID MORE SURGERY**

ISSUE 5

 **Gold Coast**
PRIVATE HOSPITAL



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David Harper, General Manager,
 Gold Coast Private, Pacific Private
 and Tweed Day Hospitals.



"The achievements of Gold Coast Private have again been recognised with a national roll out of our menu."

Welcome to our fifth edition of The Private magazine. As always, Gold Coast Private and Healthscope continues to grow and evolve and this time is no different.

On June 6, Brookfield became the new owners of Healthscope which means we are now again under private ownership. As a hospital there are many positives with this and over the next six months there will be many positive changes within Gold Coast Private Hospital as a result. However this will not change the work we do, the partnerships we have or any of our staff.

The achievements of Gold Coast Private Hospital again have been recognised with a national roll out of our menu across all Healthscope hospitals.

We recently had our annual Gold Coast Private Service Recognition event where we celebrated people who have reached their significant milestones of service from five to 30 years. We would like to extend our sincere thanks to these loyal team members for your ongoing commitment to our patients and hospital.

Lastly I would like to thank you for your continued support of Gold Coast Private Hospital.



Gold Coast Private Hospital, Parklands, Southport

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FACILITY HELPING DOCTORS EXPAND THEIR REACH

More specialists are taking advantage of the ability to provide services to the growing southern Gold Coast and northern New South Wales regions with many securing theatre lists at Tweed Day Surgery.

The private day surgery is under the management portfolio of David Harper, who is also the general manager of Gold Coast Private and Pacific Private Day Hospitals.

Mr Harper said with the growing need for private care in this area, Tweed Day Surgery provided specialists with the opportunity to expand their reach and take advantage of future growth in the region.

"Doctors are increasingly looking to provide consulting suites and surgical services for patients closer to their homes," he said.

"It is important for patients to have access to crucial services without having to travel to metropolitan areas.

"There's demand for key services to be decentralised - giving people an option to receive treatment more locally.

"Tweed Day Surgery provides clinical outcomes of the highest standard, giving patients faster access to a quality service in a convenient location.

"At Tweed Day Surgery, doctors and patients can be assured they will receive the same exceptional care and outcomes as at its sister hospitals - Gold Coast Private and Pacific Private Day."

Tweed Day Surgery offers day procedures for:

- Ophthalmology
- Gastroenterology
- Oral and Maxillofacial
- Pain Management
- Urology
- Ear, Nose & Throat
- Gynaecology
- Orthopaedics

It provides high-quality clinical care in a warm environment for patients requiring surgical day procedures, and has onsite consulting suites in gastroenterology, gynaecology, ophthalmology, maxillo-facial, orthopaedics and a private fracture clinic.

Tweed Day Surgery incorporates two theatres with one procedure room, a 10-bay recovery area, an 11-chair discharge lounge, and on onsite providers in radiology and pathology.

For more information on consulting or operating at Tweed Day Surgery as well as patient referrals or more information, please contact: Jo Tier on 07 5506 6066.

Doctors are increasingly looking to provide consulting suites and surgical services for patients closer to their homes.



Paediatric Nurse, Sharon Matthews

GOLD COAST PRIVATE GIVES NEUROSURGEONS NEW CAPABILITIES

New technology that allows neurosurgeons to see 'around corners' of arteries, nerves and brain tissue is saving lives at Gold Coast Private Hospital.

The Zeiss Kinevo 900, the only of its kind on the Gold Coast, combines microscope and endoscope to eliminate 'blind spots', giving surgeons new visualisation capabilities.

Gold Coast Private was the first private hospital in Australia to introduce the technology, which neurosurgeon Dr Lee Yang said made brain surgery safer.

"Without this technology, we are limited to a straight line of sight which means we miss critical information behind tissues and corners," he said.

"I call this new microscope my 'million-dollar baby'. It comes fully-equipped with a wide-lens endoscope allowing me to see things I could never see before.

"It can be used to see around an artery, nerve, brain tissue or anything.

"The endoscope gives me a 100-degree view of the anatomical detail – a giant revolutionary step forward when compared with any other surgical microscopes today."

The new generation, fully-equipped microscope purchased by Gold Coast Private Hospital also provides information about the volume and speed of blood flow in the brain, significantly reducing the risk of stroke during brain aneurysm and brain bypass surgery.

"It's the most advanced piece of equipment I've ever had the benefit of working with," said Dr Yang.

"It makes complex brain surgery easier for me and safer for the patient and will save countless lives."

Dr Yang first used the groundbreaking technology in Queensland on 46-year-old Shaun Draman to clip a brain aneurysm and prevent it from rupturing.

The father-of-seven had surgery at Gold Coast Private in January and is thrilled with the outcome.

"I don't feel any different – which is a great result. I know that sounds counterintuitive because usually you want to come out of a surgery feeling better, but for me, feeling the same in terms of brain function and memory is what I was hoping for," he said.

"The difference is I no longer live with the anxiety of knowing there's a ticking time bomb in my head. You always think it's going to go off – which happened to my sister.

"That worry has been removed and I can really enjoy life again."

Mr Draman, who spent one night in Gold Coast Private's intensive care unit and eight days on the ward, said while brain surgery sounds scary, Dr Yang went above and beyond to make the process manageable for him and his family.

"Dr Yang was brilliant at explaining everything and so accommodating to our needs," he said.

"We knew Gold Coast Private had this wonderful microscope technology and we felt really reassured that we were in good hands.

"He was able to completely pre-plan the surgery – like a flight simulator but for a surgical mission.

"He knew where to go and what angle to come from to clip the aneurysm so the blood can't get in there to rupture it.

"All the nursing staff were absolutely amazing as well, and they spoke really highly of Dr Yang – which is not only a sign of a good surgeon, but a good human being too. They highly respected him as a doctor and as a person – and so do we."

Dr Yang said the new microscope's visualisation capabilities enabled him to check the tip of the aneurysm clip to ensure it didn't catch any important brain structures – an advantage of the new generation microscope that is available to only a handful of neurosurgeons in the country.

"Without this capability, it's almost impossible to check the tip of the aneurysm clip in difficult cases, so ultimately we are just hoping it's sitting in the right place so it doesn't cause any damage," he said.

"Another breakthrough with this technology is the new digital visualisation modalities that allows me to see the blood flow inside the artery once I have secured the aneurysm to ensure the clip is not compromising it.

"Having this tool significantly reduces the risk of stroke in brain aneurysm and brain bypass surgery because I can check in real-time fashion and make prompt adjustments, if needed, before we finish the surgery."

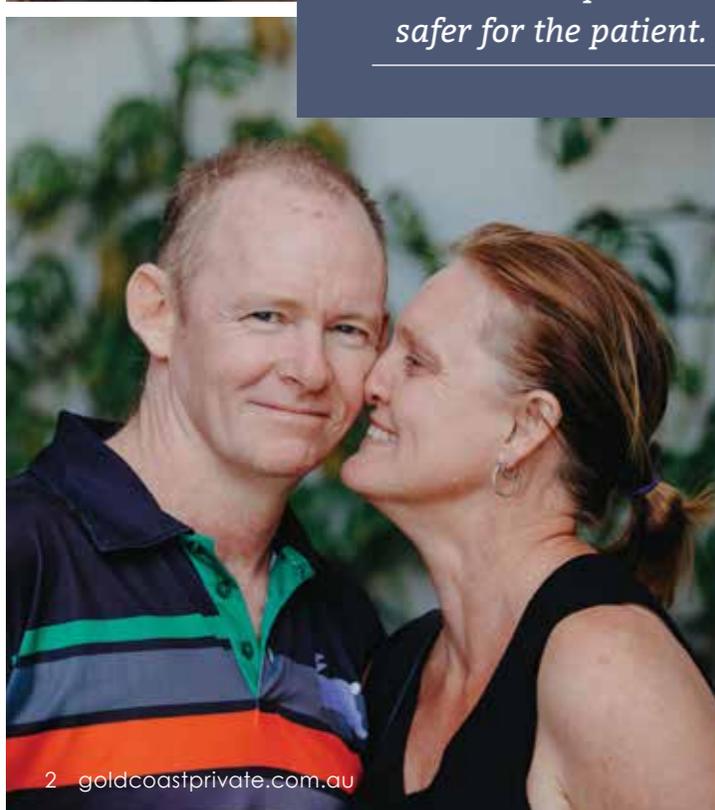
The new fully-equipped microscope will also be used for precision brain tumour surgery and plastics reconstruction surgery. It is just one of many substantial investments made by Gold Coast Private Hospital to ensure doctors and patients have access to the latest technology – particularly in neurosurgery and plastic surgery.

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"It makes complex brain surgery easier for me and safer for the patient. It will save countless lives."



Clockwise from top: Neurosurgeon, Dr Lee Yang with the latest microscope; Patient Shaun Draman with his wife Lorraine

TECHNOLOGY BOOST FOR FEMALE CANCER PATIENTS

“We are now able to identify, remove and examine just one ‘sentinel’ lymph node, which reduces the risk of lymphoedema.”

Gynaecological Oncologist, Dr Helen Green



Gold Coast Private patients have been handed another weapon in the battle against gynecological cancer, with the hospital investing in a ground-breaking technology that helps women avoid more extensive surgery.

The Stryker AIM 1588 Platform, which utilises infrared illumination and military-grade visualisation technologies, is being used to perform sentinel lymph node biopsies (SLNB), a procedure that eliminates the need for doctors to remove more lymph nodes and thus heighten the risk of patients suffering painful and sometimes debilitating swelling of the legs.

Gynaecological oncologist Dr Helen Green, who has performed SLNBs at Gold Coast Private, said the new technique provided females with another option when faced with endometrial cancer, with about eight Australian women diagnosed with the disease every day.

“One of the key factors when a new technology is introduced is ensuring patients understand where it fits into best practice and the benefits of embracing it compared to the old procedure,” said Dr Green, whose Embrace Gynaecology practice consults from Gold Coast Private.

“In this case, we’re very happy with the new technique because we’ve got very high-quality evidence supporting it.

“It’s been validated as a safe and reliable procedure in international clinical trials but the equipment has only recently [late 2017] been available on the Gold Coast.

“One of the critical things when dealing with endometrial cancer is determining whether it has developed the ability to move from the uterus to the lymph nodes and the way we used to do that was by removing all lymph nodes from both sides of the pelvis.

“Unfortunately that increased the risk of leg swelling – or lymphoedema – in 10-15 per cent of patients, ranging from mild cases to those that are permanent and severe.

“Now we are able to identify, remove and examine just one ‘sentinel’ lymph node, which reduces the need to expose women to the risk of lymphoedema by having all the lymph nodes removed.”

Dr Green said the SLNB procedure involved injecting a green dye into the cervix before using the Stryker AIM 1588 Platform to track its journey to the sentinel lymph node.

Once located, she then removes it through a keyhole incision in the abdominal skin and sends it to be tested by a pathologist for the presence of cancer cells.

While a negative result suggests that cancer has not developed the ability to spread to nearby lymph nodes or other organs, a positive finding indicates the disease may be present elsewhere and allows Dr Green to determine the extent of the disease and develop an appropriate plan.

“I originally pursued gynaecology as I wanted to help women take ownership of their health and gynaecological oncology is now allowing me to do that when they are diagnosed with cancer,” she said.

“I want to make sure they get the information they need in a way they can understand it at a time of confusion and concern.

“The new technology has the capacity to make their treatment better but it also requires a detailed discussion to help them make sense of it.

“It’s also about being honest with patients. Even though we perform the procedure correctly, sometimes the green dye doesn’t track properly.

“False negatives are something else patients need to understand. In about two per cent of cases, the sentinel lymph node test can come back as negative but there is cancer elsewhere.

“That said, the majority of women feel this is an acceptably low risk because the risk of lymphoedema is much lower and they can avoid serious mobility problems, particularly for elderly patients.”

Dr Green said the hospital’s investment in the Stryker AIM 1588 Platform, which can also be used in ENT and colorectal surgery, was a win for Gold Coast women.

“It’s an example of how the Gold Coast is keeping up with other metropolitan centres,” she said.

“We’ve brought in this technology at the same time as Brisbane hospitals, which reinforces that Gold Coast Private is very committed to remaining at the forefront of technological changes.”

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Gynaecological Oncologist Dr Helen Green with The Strker AIM 1588 probe

TINY LEADLESS PACEMAKER HAS HUGE BENEFITS FOR HEART PATIENTS

"I've no doubt that this device will revolutionise treatment for patients with AF who may benefit from a pacemaker."

In a first for the Gold Coast's private health system, a leadless pacemaker the size of a vitamin tablet is shaving weeks off recovery times and revolutionising the way patients maintain a healthy heart beat.

The new device, which is 90 per cent smaller than traditional pacemakers, is implanted into the patient's heart via a vein in their leg - reducing post-surgical pain, lowering the risk of complications and potentially shortening surgery times.

An early adopter cardiologist from Gold Coast Private Hospital is spruiking the benefits of the transcatheter pacing system, saying it significantly improves patient outcomes.

Cardiologist Kang-Teng Lim is the only surgeon offering the device privately on the Coast. His patients have all been discharged within a day of surgery and back to normal activities within one to two days.

Dr Lim said by comparison, the average hospital stay after the implantation of a traditional pacemaker was one to two days, with patients taking up to two weeks to make a full recovery.

He said the improved outcomes were due to the modern leadless pacemaker's considerably smaller size, absence of a pacemaker lead and the minimally invasive surgery required to implant it.

"I've no doubt in my mind that this device and procedure will revolutionise treatment for patients with atrial fibrillation who may benefit from a pacemaker," he said.

"The efficacy of the leadless pacemaker is essentially the same as the traditional device with perhaps superior battery longevity, but there are many additional benefits for patients including lower risk of complications such as infection, or haematoma, significantly less pain at the implant site and less long-term cardiovascular complications."

Dr Lim said because the new device was implanted completely within the heart, there were also cosmetic benefits which may be important in younger patients.

"Traditionally, pacemakers have been a lot more visible, with patients, their friends and families often being acutely aware of the device," he said.

"With the substantial decrease in size, no leads and no need for a pocket under the skin to 'hold' the device, patients are less self-conscious because everyone - themselves included - is less aware of the device."

"It is clear there are significant benefits of the leadless pacemaker and in a lot of ways it really is a case of out of sight is out of mind."

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Cardiologist, Dr Kang-Teng Lim

Former circus owner Frank Gasser once made a living out of performing heart-stopping shows like the flying trapeze and tightrope walking without a safety net.

But it wasn't until a week after retiring as owner and lead performer at the Circus Royale that Frank, now 82 years young, received the daunting news that his heart may quite literally stop unless he underwent surgery.

"My doctor told me I would need a pacemaker - to be honest, I was happy to take my chances because I didn't want a big, visible, uncomfortable device sitting under my skin," he said.

"But then Dr Lim told me about this new device - the leadless pacemaker - and even though the device was still in the early stages, I trusted him and I told him to go for it."

Since the operation, Frank says he's never felt stronger, and has even been able to take up some new hobbies.

"I'm now dancing the tango three times a week, and I go rock and roll dancing every Friday night," he said.

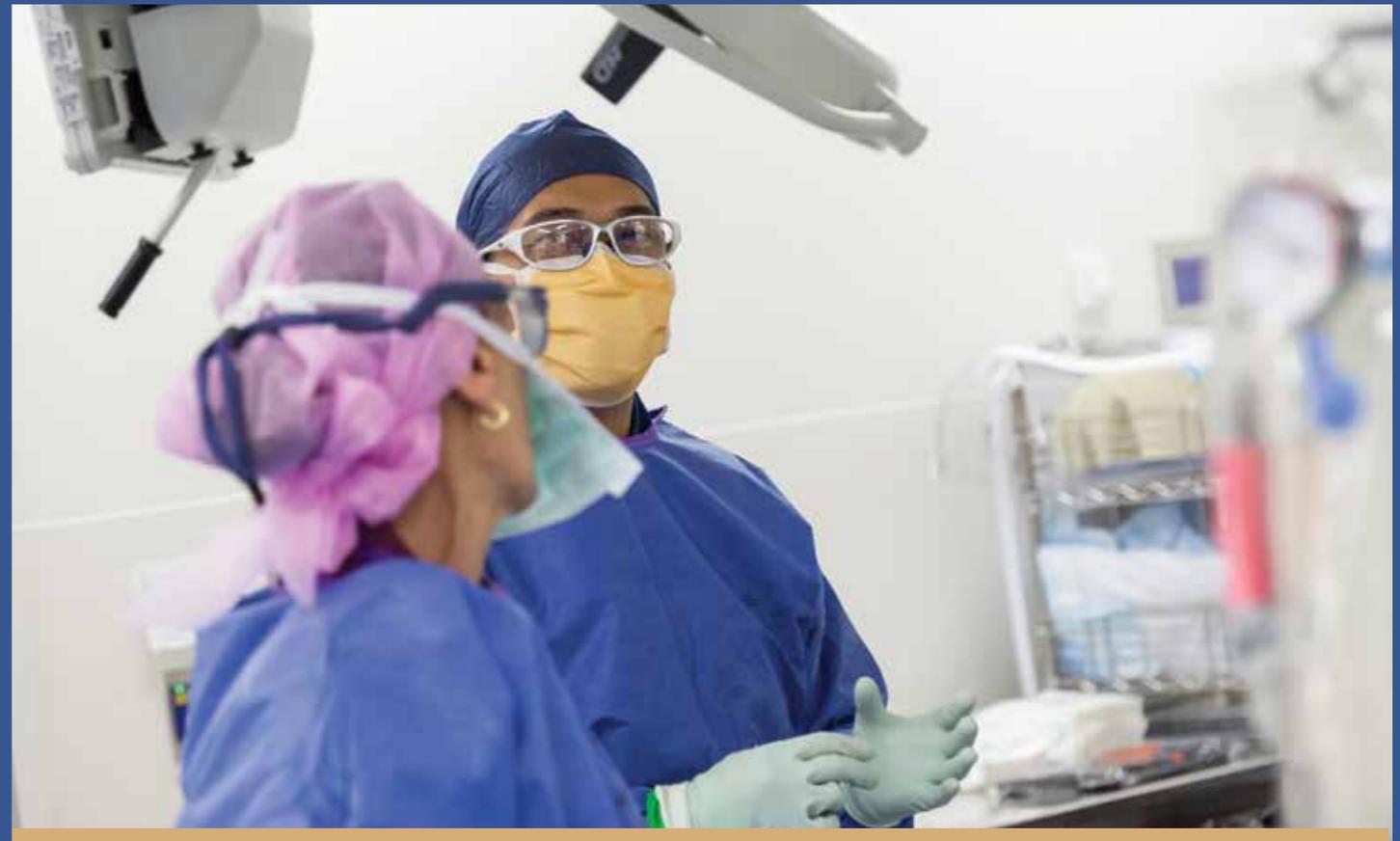
"I'm busy all day long now - I can carry heavy shopping bags up two dozen steps without stopping, then go up and clean the roof of my house all in one day."

So, will Frank be up on the flying trapeze any time soon?

"Never say never - you may be surprised," joked Frank.

"With my leadless pacemaker, I am disgustingly fit, healthy and well - but I made a promise to my gorgeous wife of 60 years that I would be retired from the circus at my age.

"I intend to keep that promise, but I also intend to live every day I have left to the fullest."



Top: Gold Coast's first leadless pacemaker patient, Frank Gasser; Bottom: Cardiologist, Dr Kang-Teng Lim

NEUROLOGIST COMMITTED TO HELPING PATIENTS TACKLE PARKINSON'S

A Gold Coast Private neurologist is leading the way when it comes to guiding patients through the often devastating diagnosis of Parkinson's disease.

Dr Meenakshi Raj, one of the country's leading Parkinson's specialists, has earned a reputation for identifying and treating the progressive and incurable neurological condition, which cannot be diagnosed using a laboratory test such as brain scans or blood tests.

Instead, specialists must make a clinical diagnosis after examining a patient for any physical signs and taking a detailed history of symptoms.

With Parkinson's specialists a rarity on the Gold Coast, Dr Raj said she was responsible for managing the care of more than 1000 patients with the condition.

"One of the things I always want to give them is hope," said Dr Raj, who completed a Fellowship in Movement Disorders at Royal Brisbane and Women's Hospital.

"While it's obviously distressing to learn you have Parkinson's, I'm always quick to reassure my patients that it won't kill them, it can be managed and we will work together to devise a suitable treatment plan.

"The art of medicine is about how you treat conditions.

"You can learn all you want but you then have to apply that knowledge to people and no two people are the same.

"Parkinson's can come out in a variety of ways and I've never seen two individuals with the same presentation.

"That means treatment will be different for every patient and I find it extremely rewarding to know I can make a difference. At times it can be frustrating, especially when the disease is advancing, but I enjoy working with my patients to match our treatment goals with what they want."

According to Parkinson's Queensland, more than 70,000 Australians are living with Parkinson's and a further 38 people are diagnosed each day.

Dr Raj said she had a holistic approach when it came to treating the condition including a strong focus on exercise and rehabilitation.

"I don't necessarily lift my pen to add a new medicine to their list every time they visit," she said.

"I form a close bond with my patients and talk about their goals. I very much include exercise and rehabilitation in their lives as there is a lot of data to suggest that helps greatly.

"I also work closely with the rehabilitation team at Gold Coast Private, which makes a huge difference to both me and my patients.

"At the end of the day my job is to help the person sitting in front of me."

Dr Raj said she was also conscious of the emotional journey endured by many of her patients.

"People with Parkinson's have a 95 per cent rate of anxiety and depression," said Dr Raj, who also treats patients with neurological conditions such as multiple sclerosis, stroke, epilepsy, neuropathy, headaches and migraine. She also provides electrophysiological services-EEG-Electroencephalogram, nerve conduction studies and EMG.

"As doctors, we often forget to tell regular patients when they look good. They come to us wanting a problem solved and we tend to say 'This is wrong, this is wrong and this is wrong' and forget to reassure them when they are doing well.

"I don't give false reassurance – if there is a problem I'll say it – but I am mindful of always telling them when they're doing well compared to previous visits.

I see my patients as human beings and enjoy being part of their lives."

As well as hosting regular Parkinson's and headache clinics, Dr Raj is a Medicare-approved Botulinum toxin injector who has performed injections for neurological conditions such as dystonia, hemi-facial spasm, spasticity and migraine.

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"The art of medicine is about how you treat conditions. No two people are the same."

PARKINSON'S – THE FACTS

- Parkinson's is categorised by clinicians as a 'movement disorder' but non-motor symptoms such as pain, depression and problems with memory and sleep can also occur
- Symptoms develop slowly and gradually progress over time. Each person is affected differently and the rate of progression varies greatly between individuals
- The condition doesn't directly cause people to die and it is possible to live with Parkinson's for a long time
- There is no known cure but there are many treatments that can allow a person with Parkinson's to lead a fulfilling and productive life for many years
- The average age of diagnosis is 65 but younger people can be diagnosed with Young Onset Parkinson's
- There is no known cause for why a person develops Parkinson's

Source: www.parkinsons-qld.org.au



Neurologist, Dr Meena Raj

NEW PAEDIATRIC ENDOSCOPY SERVICE FILLS GAP ON THE GOLD COAST



Paediatric patients on the Gold Coast and Northern New South Wales no longer need to travel to Brisbane for endoscopy with paediatric surgeon Richard Thompson giving families access to the diagnostic and therapeutic service at Gold Coast Private Hospital and Tweed Day Surgery.

Through endoscopy, Dr Thompson provides the diagnosis and management of a number of upper gastrointestinal conditions, as well as

investigations and treatment for coeliac disease, rectal bleeding and swallowed objects.

Dr Thompson said combining endoscopic skills with paediatric surgical experience and capabilities enhanced the value of assessment and better informed surgical decision making.

He said it also meant he could provide a more comprehensive service for gastrointestinal emergencies such as bleeding.

“Endoscopy is an important diagnostic and therapeutic tool that is particularly effective when combined with in-depth knowledge of the anatomy and paediatric surgical skills,” he said.

Dr Thompson said endoscopy played an important role for patients experiencing symptoms of coeliac disease or oesophageal reflux, including pain or difficulty swallowing, as it can confirm or refute the diagnosis.

“The diagnosis and management of conditions including gastro-oesophageal reflux, coeliac disease and eosinophilic oesophagitis can be greatly assisted by the use of endoscopy of the oesophagus, stomach and duodenum,” he said.

“Often these conditions require longer-term management and review and I am happy to work in conjunction with paediatricians to provide this treatment.

“In addition, endoscopy of the large bowel (also known as colonoscopy or flexible sigmoidoscopy) can provide useful information to look into the causes of rectal bleeding in children - which may be due to a polyp, or occasionally allergy.”

Dr Thompson said Barium Meal was only 50 per cent sensitive for gastro-oesophageal reflux and was of no value in diagnosing conditions such as eosinophilic oesophagitis, making endoscopy a crucial tool.



Top left: Paediatric Surgeon, Dr Richard Thompson ; Above: Paediatric Nurse, Sharon Matthews

“The diagnosis and management of conditions such as coeliac disease, gastro-oesophageal reflux and eosinophilic oesophagitis can be greatly assisted with endoscopy.”

“In relation to gastro-oesophageal reflux, endoscopy not only provides the most accurate diagnosis, it can also provide diagnostic proof of the damage caused by the disease,” he said.

“The ability to gauge if, and how much damage, has been caused enables doctors to tailor the best treatment plan for paediatric patients - be it with medications, or, in rare cases, anti-reflux surgery.

“As a surgeon, performing an operation such as anti-reflux surgery with endoscopy imaging means I have a far better understanding of the anatomy and can provide better patient outcomes.”

Dr Thompson said he also used endoscopy to locate, and remove, objects that may have been swallowed.

“We’ve taken out quite a lot of batteries, magnets, coins and rings,” he said.

“The batteries are especially dangerous, and having paediatric endoscopy available on the Gold Coast saves valuable time, and possibly lives, as patients no longer need to travel to Brisbane to have it removed.”

Dr Thompson is a specialist paediatric surgeon with 13 years experience treating a broad range of surgical conditions. He draws on a wealth of expertise and experience gained from 10 years as a consultant paediatric surgeon at the Royal Aberdeen Children’s Hospital, Scotland, where he developed his subspecialty interest in managing children with gastrointestinal and colorectal disease.

He has extensive experience in both minimally invasive and open surgical modalities and is able to apply a wide range of treatment options available for the surgical management of abdominal and thoracic disease in children.

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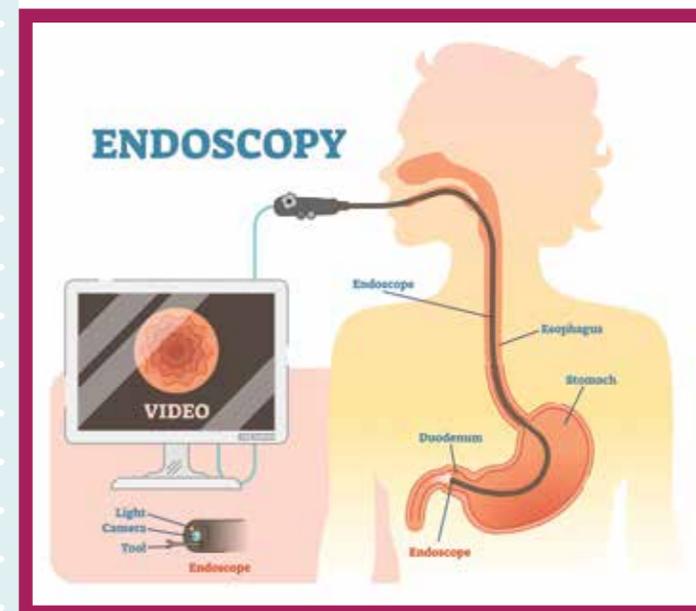
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DR THOMPSON’S SPECIALIST MEDICAL SERVICES INCLUDE:

- Open, laparoscopic, thoroscopic & endoscopic modalities
- Common paediatric surgical procedures
- Tongue tie/lip tie
- Antenatal counselling
- Neonatal surgery
- Hernia
- Undescended testes
- Foreskin problems
- Skin lesions/swellings
- Gastrointestinal/colorectal dysfunction
- Emergency paediatric surgery



BREAKING THE SURGICAL GLASS CEILING

As one of only two female foot surgeons on the Gold Coast, Dr Danielle Wadley wants to see more women in orthopaedics.

Dr Danielle Wadley has a simple response when asked what she would say to young women considering joining her in the very exclusive club that is 'Female Orthopaedic Surgeons'.

"I would just tell them why I entered the field," said the Gold Coast Private foot and ankle surgeon, whose gender accounts for just four per cent of Australia's orthopaedic surgeons.

"I have an opportunity to help people on a daily basis. Surgery is also very diverse. It's satisfying from a technical and intellectual capacity. Problem-solving is a large component of our work and we are introduced to many types of people.

"It also doesn't necessarily have to be all clinical. You can work in areas such as research, outreach programs, leadership and mentoring.

"It's a very demanding and challenging profession but there are so many facets to being a surgeon that are rewarding."

It's a career that relatively few women enter, with orthopaedic surgery boasting the lowest proportion of female surgeons in the country.

Dr Wadley is one of only two female foot surgeons on the Gold Coast, and while she did not hesitate to pursue her passion, she can appreciate why many females opt for alternative career paths within medicine.

"As a male-dominated field there has been a lack of female role models in orthopaedic surgery, not to mention the duration of training," Dr Wadley said.

"Completing medical school is the first step. "Surgical training requires many years of hard work and dedication. For many women this is a consideration, particularly if they decide to start a family.

For Dr Wadley, the chance to help people get back on their feet outweighed such factors, particularly those patients battling sports injuries.

"I've always been involved in many types of sports and have led an active outdoor lifestyle, so it's undoubtedly a passion," she said.

"One of the philosophies of my practice is to encourage people to stay lightweight, fit and active. I say those words a lot (laughs).

"I encourage people to be active and invest in their health and wellbeing. One of the goals of treatment is to facilitate, support and encourage patients to rehabilitate and return to sports and maintain an active lifestyle."

A graduate of the University of Sydney, Dr Wadley undertook a Post Graduate Diploma of Sports Medicine during her orthopaedic training before completing a Fellowship in Foot and Ankle Surgery in Calgary, Canada.

She has also obtained experience in renowned American centres including New York's Hospital for Special Surgery and North Carolina's Duke University.

While her focus these days is very much on her Gold Coast Private patients, she's also committed to ensuring more Australians have the option of being cared for by female surgeons and supporting female junior doctors if they choose a career path in orthopaedic surgery.

"I think the public appreciates seeing a bit more diversity in the profession," said Dr Wadley, who is an active member of the Women in Surgery and Women in Orthopaedics communities.

"I informally mentor some of our amazing junior doctors and as an advocate of women in surgery, I'm more than happy to let them know just how satisfying my career is."

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Orthopaedic Foot and Ankle Surgeon, Dr Danielle Wadley

CALLS FOR EARLY INTERVENTION TO COUNTER PREVALENCE OF FALLS IN ELDERLY

"I would really encourage GPs to look for frailty in their patients and if they have concerns, talk to us. It's easier to treat early."

Education and early intervention is key to preventing falls amongst the over-65 community, according to Gold Coast Private's head of rehabilitation, who says they are still admitting an alarming number of patients with fall-related injuries.

Dr Michael Johnson is urging local GPs to look out for early signs of frailty in their patients – a warning sign for falls - and to refer them to rehabilitation before a fall occurs.

"GPs need to have a look at their patients when they come in with respect to a risk of falls as well as frailty, talk to them and establish if there are any issues," he said.

"From there, they should send a referral through to us so that we can intervene and reduce their fall risk.

"With falls of this age group, prevention is crucial - otherwise, they end up having a fall and while the injuries could be minor like bruising and abrasions, they can also be more serious, like a hip fracture.

"At this age, the complications of surgery can be significant and often lead to more issues, so it's best to be avoided altogether."

Dr Johnson said anxiety and loss of confidence were also major contributors to falls in the elderly.

"It's a vicious cycle," he said. "We see older patients who become increasingly anxious and concerned about the possibility of a fall, so they pull back on their level of activity to 'avoid' falling.

"However, by reducing their activity, they end up becoming an even bigger falls risk, and that's usually when an accident happens.

"It becomes a downward spiral so it's vital that we're able to intervene early to stop these issues in their tracks."

Dr Johnson said Gold Coast Private's 52-bed rehabilitation unit was pro-active in their prevention efforts.

He said the unit ran a weekly education program with a team of doctors and allied health professionals for inpatients, as well as people in the community who take part in the hospital's 'day therapy' groups.

"The program covers a range of topics and is run by a multi disciplinary team, including physiotherapists, occupational therapists, nutritionists and speech pathologists - just to name a few," he said.

Dr Johnson said generally speaking, the number of elderly people in the community who were suffering from frailty was grossly underestimated.

"I would really encourage GPs to look at issues of frailty in their patients and if they have concerns, talk to us," he said.

"It is much easier to treat early, than further down the track."

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P: 07 5530 0125

Gold Coast Private patient Pat Miller always thought rehabilitation came after a serious injury. At least she did until she was seriously injured.

"You tend to think of going to rehab after a fall but I now realise it would have benefitted me before my accident," the 82-year-old said.

"Rehabilitation at my age is equally about strengthening your body and educating yourself before a fall. I've learned so much at Gold Coast Private during the past couple of months and only wish I had done this sooner."

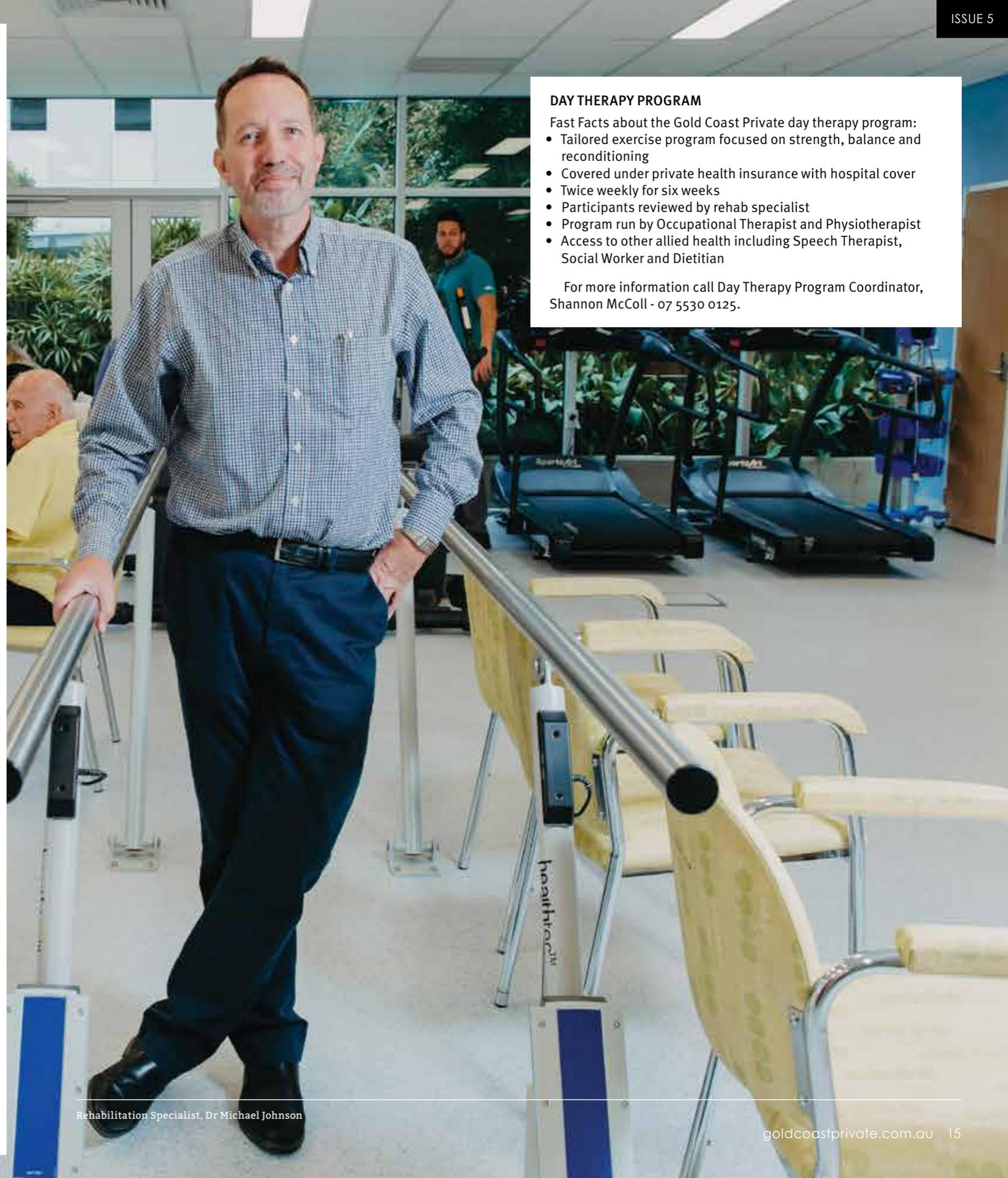
Pat, who lives with husband Max at Paradise Point, has been working with Dr Michael Johnson and his Gold Coast Private rehabilitation services team after suffering a serious fall at home.

She has been visiting Gold Coast Private two days a week where she is learning what she wished she knew earlier.

"My confidence has improved greatly," she said.

"I've learned so much I had never thought of - even simple things like how to turn around safely.

"I now know rehabilitation isn't just about overcoming injuries. It's about helping you with day-to-day living."



Rehabilitation Specialist, Dr Michael Johnson

DAY THERAPY PROGRAM

- Fast Facts about the Gold Coast Private day therapy program:
- Tailored exercise program focused on strength, balance and reconditioning
 - Covered under private health insurance with hospital cover
 - Twice weekly for six weeks
 - Participants reviewed by rehab specialist
 - Program run by Occupational Therapist and Physiotherapist
 - Access to other allied health including Speech Therapist, Social Worker and Dietitian

For more information call Day Therapy Program Coordinator, Shannon McColl - 07 5530 0125.

DYING FROM EMBARRASSMENT

Fear and embarrassment could be putting lives at risk, with a frightening trend emerging among young people being diagnosed with bowel cancer. There's been a 187 per cent increase in bowel cancer in adolescents and young adults (15 - 24 years) over the past three decades, and Gold Coast Private gastroenterologist Olga Ellison has noticed many of these young people are being diagnosed in advanced stages.

"I believe fear and embarrassment is the major cause of people not seeking help early for symptoms of the bowel," said Dr Ellison. "We find by the time a younger person arrives here, their bowel cancer is much more advanced, and therefore much more catastrophic, than their older counterparts. "Bowel cancer, which includes colon and rectal cancer, has good survival rates if detected early. "There is no need to be embarrassed just because it's considered a 'private part' of the human body. "If you are having bowel problems, talk to your GP immediately. It may save your life."

Symptoms that should prompt a GP visit include persistent change in bowel habits, change in stool consistency, rectal bleeding or blood in your stool, general discomfort in the abdomen, tiredness, weakness and iron deficiency.

According to Bowel Cancer Australia, it is the most common cause of cancer death for those aged 25-29; and equal to brain cancer for those aged 30-34.

Dr Ellison said it would be good to see bowel cancer screening looked on as favourably as Pap smears, so that it became part of the routine health check.

She said patients needed to be proactive in their healthcare, but General Practitioners could also help curb the trend.

"In younger people it's much easier to write-off bowel symptoms as more trivial conditions such as IBS, so when a young person presents with bowel symptoms, some health professionals may be less likely to aggressively investigate because of their age," she said.

"Initial investigations such as a routine blood test is necessary, and in some cases it's very much appropriate to perform a digital rectal examination in the GP rooms.

"Many questions can be answered by this very simple test. It's amazing how many low rectal cancers or anal cancers are missed for a long time simply because a digital examination wasn't performed."

"I believe fear and embarrassment is the major cause of people not seeking help early for symptoms of the bowel."

NEW ROOMS

After seven years in a combined practice with Dr Lloyd Dorrington, Dr Ellison has transitioned to her own private practice in a new location on Ashmore Road in Bundall. Her brand new consulting rooms are contemporary, calming and staffed with a specialist support team who each have between five and thirty years' experience in gastroenterology. Dr Ellison is very happy to be contacted personally and will gladly give her mobile number to GPs.

FOR MORE INFORMATION OR REFERRALS PLEASE CONTACT:

GC Gastro Health | P: 07 55920 948
54 Ashmore Road | F: 07 55920 507
Bundall 4217 | E: office@gcgastrohealth.com.au



Gastroenterologist, Dr Olga Elliso and Anaesthetist, Colin Brodie,



TIMOR LESTE MISSION LIFE-CHANGING FOR DOCTOR AND HER PATIENTS

Dr Tani Brown is a familiar face at Gold Coast Private these days but part of her heart will always remain with the people she cared for in one of the world's newest and poorest countries.

The ophthalmologist and eye surgeon, who consults from her Gold Coast Eye and Oculoplastic Surgeons practice in the hospital's specialist suites, spent six months working in Timor Leste in 2015 after being awarded a coveted fellowship.

Founded in 2000, the East Timor Eye Program began in response to a request from the World Health Organisation to re-establish eye health services soon after Timor Leste gained independence from Indonesia.

The program's aim is to make Timor Leste self-sufficient in eye care services by 2020 and help eradicate preventable blindness by 2025.

"One of the appeals of practising ophthalmology is I can lend a hand in communities like Timor Leste where people often present with delayed and complex ocular conditions," said Dr Brown, who

volunteered at Dili's National Eye Centre as part of her RANZCO Eye Foundation/Hobart Eye Surgeons East Timor Scholarship.

"People can literally stumble into the operating theatre unable to see due to cataracts and the next day not only see but no longer be a burden to their families.

"It's amazing that a relatively quick operation can make such a huge difference.

"Their families no longer need to cook or clean for them. I've seen cases where young children had been pulled out of school to look after their elderly relatives but could now return.

"It's quite an amazing impact."

The journey to Timor Leste was an adventure in itself, with Dr Brown first needing to spend a month at a renowned eye hospital in India to ensure she had the skills needed to tackle eye surgery in a foreign environment.

"The cataract surgery they do in the developing world is different to what we practise in Australia," she said.

"They don't have the equipment or consumables we use due to the costs involved so they've developed a relatively low-cost, low-resource style of cataract surgery called small incision cataract surgery.

"India is where they pioneered the technique so I spent four weeks there at LV Prasad Eye Institute in Hyderabad before heading to Timor."

As well as caring for patients and participating in outreach programs, Dr Brown's presence in Dili saw her play a mentoring role for the clinic's trainee ophthalmologists.

"Timor Leste and the local university, UNTL, have developed their own Postgraduate Diploma of Ophthalmology to train the next generation of Timorese ophthalmologists," she said.

"Part of my role was also to provide additional curriculum support to the trainees.

"I continue to volunteer at the National Eye Centre twice a year and it's wonderful to see how the trainees have grown and developed to become ophthalmologists who will ultimately look after their own people.

"They've largely completed the backlog of cases for debilitating reversible eye disease like cataracts and are now trying to get out into the regional areas to reach people who may still be presenting a bit later.



"It's amazing that such a relatively quick operation can make such a huge difference."

"It can take someone with a penetrating eye injury three to four days to travel down from the mountains and unfortunately it's often too late by then.

"They're also screening premature babies' eyes and trying to push public health messaging about the areas of childhood eye trauma, as well as other preventable blinding conditions such as glaucoma."

Dr Brown was not the only member of her family to experience life in Timor Leste.

"It was a great experience not only from a professional point of view but also because my family got to live there for six months," she said.

"My eldest children, who were five and three at the time, enrolled at the Australian International School, while my husband, who is also a doctor, spent a month with us before returning to Australia for work.

"It's a shame the country's reputation is tarnished by aspects of its history.

"Timor Leste obviously still has many challenges ahead but it's now a safe place with wonderful people, spectacular scenery and some of the best diving in the region.

"It's an amazing place to experience."

FOR MORE INFORMATION ON GOLD COAST EYE AND OCULOPLASTIC SURGEONS, PLEASE CONTACT:

Dr Tani Brown
Gold Coast Private Hospital
Suite 4, Ground Floor
14 Hill Street, Southport QLD 4215

P: 07 5655 2156
F: 07 5574 5783
W: www.gceos.com.au
E: info@gceos.com.au

Dr Tani Brown's Specialties:

- Comprehensive Ophthalmology
- Uveitis
- Medical Retina
- Cataract



Clockwise from top: Ophthalmologist & Eye Surgeon, Dr Tani Brown; Dr Brown living and working in Timor Leste

PEOPLE WARNED TO WATCH THEIR EYELIDS



Dr Sharon Morris

"Careful reconstruction is important to preserve sight and ensure the eyelid can function properly."

Damage to the eyes and eyelids from UV rays can lead to devastating consequences, but the help of a highly skilled surgeon can have a significant impact on patient outcomes.

With between 5 and 10 per cent of all skin cancers occurring around the eye, oculoplastic and ophthalmic surgeon, Dr Sharon Morris, has treated almost a thousand patients with the condition.

"While melanoma can sadly be fatal, other types of tumours and lesions can also cause enormous damage if not detected early and removed by a skilled surgeon," she said.

"Any problem with the eyelid structure or damage to the lids can compromise the eye and cause blindness or complete loss of the eye.

"Eyelids are delicate and made of three main layers, so when tumours affect the eyelid, careful reconstruction of these layers is important to ensure the eyelid can function properly.

"Additionally, the tear duct drainage system sits within the eyelids close to the nose and compromise to this causes significant watery eye symptoms.

"To this end, patients should seek a highly skilled ophthalmologist and oculoplastic surgeon to give them every chance of retaining full function of the eye and good physical reconstruction of the area."

Dr Morris said lids were the eyes' first line of defense and the best way to avoid skin cancers and tumours was to "cover up".

"Any damage to the area - be it growths on the lids or cataracts of the lens - can directly affect eyesight, which is why protecting them from the sun's rays is imperative," she said.

"A big hat is a good start, but people also need to wear sunscreen and UV-blocking glasses.

"What many people don't realise, or some choose to ignore, is that most sunglasses are solely for the purpose of fashion, offering little to no protection against the sun.

"It is crucial to wear good sunglasses with proper UV protection to help safeguard your eyes from cancer."

Dr Morris said if you think you have an eyelid lesion, seek attention early.

"Beware of recurrent styes, loss of eyelashes and inflammation of the lid," she said.

"If you experience any of these symptoms, or can see a lesion in your eye area, seek medical attention immediately."

Dr Morris offers complete eye care, specialising in cataract, glaucoma, pterygium, eyelid tumours, droopy eyelids, watery eyes, blocked nasolacrimal ducts, eyelid reconstruction, and thyroid eye disease, amongst others.

She completed her specialty training in the United Kingdom and went on to work as a consultant in emergency eye and adnexal/oculoplastic care at the world-renowned Moorfields Eye Hospital, London, but has been established in Australia for many years now.

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BUDDHA BOWL

CHICKEN, KALE, QUINOA

GOLD COAST PRIVATE SETS STANDARD FOR HOSPITAL FOOD NATIONALLY

*"Good, healthy food should come as standard in hospitals, but unfortunately that isn't always the case so we are proud to be leading the way,"
GM David Harper*

It's the hospital menu that reads like a cafe - smoked salmon sushi Buddha bowl; prawn dumplings with cauliflower puree and edamame beans; housemade chia and flax seed bircher muesli.

Now, the modern menu at Gold Coast Private is soon to be available at every Healthscope-operated hospital across Australia, as the healthcare provider adopts a standard approach to catering.

For years Gold Coast Private executive chef John O'Shea has been challenging people's views on 'hospital food'.

It started at the facility's incarnation - Allamanda - where he retrained staff to approach their role as if catering for guests in a five-star resort - a move that changed attitudes and gave his team a new-found pride in what they were cooking.

O'Shea, who'd spent 20 years in the luxury hotel industry including as executive chef at the Sofitel, did-away with bulk-bought frozen sauces and pre-packaged foods, instead ordering fresh produce for the kitchen team to chop, season and cook from scratch every day.

After seeing the transformation in the kitchen, the hospital's general manager, David Harper, promoted O'Shea to a newly created role - hotel services manager - to oversee the retraining of all catering and services staff in the same manner.

Gold Coast Private has now been recognised for its efforts by operators, Healthscope - one of Australia's leading private healthcare providers - who tasked O'Shea with designing a healthy, visually appealing and modern menu to roll out across its 43 hospitals.

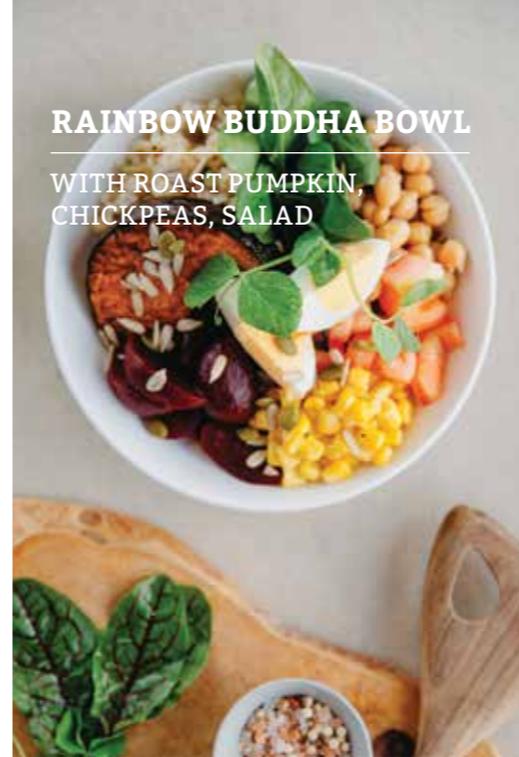
GRILLED LEMON PEPPER FISH

WITH SWEET POTATO MASH, CHERRY TOMATO, BAKED ASPARAGUS, HOLLANDAISE SAUCE, BALSAMIC GLAZE



RAINBOW BUDDHA BOWL

WITH ROAST PUMPKIN, CHICKPEAS, SALAD



ROAST CHICKEN MARYLAND

WITH CREAMED POTATO, RED WINE AND MUSHROOM SAUCE



MATERNITY CELEBRATION DINNER

THREE COURSES



“Nobody wants to be in hospital - but at Gold Coast Private our aim is to make people’s time here as comfortable as possible and food plays a big role in that,” said O’Shea.

“Good food not only assists in the recovery process, it also lifts people’s spirits and helps their mental and emotional wellbeing.

“Hospital food can have a bad reputation but we’ve worked really hard at Gold Coast Private to change the negative perception and to get people excited about what they’re being served.”

The new menu, which was created in collaboration with dietitians, has retained some old favourites - like the pumpkin and kaffir lime risotto with baby spinach - alongside new dishes like lemon pepper fish with grilled asparagus, confit tomato and hollandaise sauce.

O’Shea, with fellow Gold Coast Private chef and diet analyst, Rhys Lyons and Healthscope’s national support services manager Leanne Taylor - is now visiting every Healthscope hospital in Australia to train staff and implement the new way of cooking and delivering “hospital food”.

“While we focus on traditional, home-style meals, we’re proud to be pioneering a change in ‘hospital food’ by offering a selection of gourmet dishes and powerful ‘superfoods’ that are typically found on menus in cafes and restaurants,” O’Shea said.

“We’ve tried to strike a balance between those modern dishes - like Buddha bowls and Acai bowls - and classic comfort food like roast beef with hassel back potato and Yorkshire pudding, to ensure there’s something for everybody.

“We’ve even carefully designed meals for those with dietary requirements so they aren’t just being dished up whatever is on-hand - like our vegan zucchini noodles with Mediterranean vegetables and Napoli sauce; or our baked sweet potato with braised Moroccan spiced chickpeas and tahini dressing.”

O’Shea said the menu had been carefully created to offer meals that are nutrient-dense, satisfying and flavoursome.

“In the mornings we focus on foods that boost the metabolism and include low-GI grains for lasting energy; lunch offers meals that are energising and easily digestible; while for dinner patients can expect warm, nourishing dishes that are comforting and satisfying,” he said.

“Offering patients at least a few options at each mealtime, regardless of their dietary requirements, is something we feel is important, and our two-week rotating menu guarantees there is good variety, even for long-term patients and those on restricted diets.”

O’Shea said he’s proud of what they’ve achieved at Gold Coast Private and to be asked to emulate it nationally was extremely rewarding.

“It’s been a group effort and I couldn’t be more proud of my team who have worked hard to create a culture where they take pride in their roles, which has positive flow-on effects for our patients and visitors,” he said.

“To have been asked to do the same for Healthscope nationally is testament to what we’ve created and something our entire Gold Coast Private team can be proud of.”

Healthscope’s Leanne Taylor said Gold Coast Private had lifted the standard which would now benefit patients at all Healthscope hospitals.

“The patient menus at Gold Coast Private set a new standard that will now be synonymous with Healthscope nationally - raising the benchmark for food quality across the entire healthcare sector,” she said.

Gold Coast Private general manager David Harper said his team was continually working towards improving the ‘patient experience’.

“We want our patients to feel safe and supported and that means we need to approach their care from all angles - physically, mentally and emotionally,” he said.

“Good, healthy food should come as standard in hospitals, but unfortunately that isn’t always the case so we are proud to be leading the way in this space.”

Above: Executive Chef John O’Shea

TRADITIONAL ROAST PORK

WITH HASSLE BACK POTATO, ROASTED VEGGIES AND RICH GRAVY



BORN AT GOLD COAST PRIVATE

A few of the Gold Coast's newest residents who were born at Gold Coast Private.



INTRODUCING **George Mulcahy**
PARENTS: BEN AND LISA MULCAHY
Born: 08/06/2019 Time: 7.45pm Weight: 3.42kg



INTRODUCING **Benjamin Van Albrecht**
PARENTS: SHANTELE AND ADAM ALBRECHT
Born: 24/07/2019 Time: 6.22am Weight: 3.35kg



INTRODUCING **Ava Isabelle Mclean**
PARENTS: ELYSE AND SHAUN MCLEAN
Born: 05/07/2019 Time: 10.46am Weight: 1.98kg



INTRODUCING **Isabella van Rooyen**
PARENT: ANUSHCA VAN ROOYEN
Born: 04/08/2019 Time: 6.26pm Weight: 2.68kg



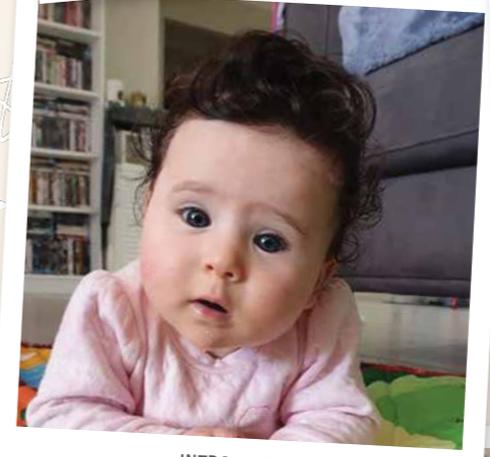
INTRODUCING **Leo John Martin**
PARENTS: MELISSA AND JACK MARTIN
Born: 15/04/2019 Time: 7.29am Weight: 4.48kg



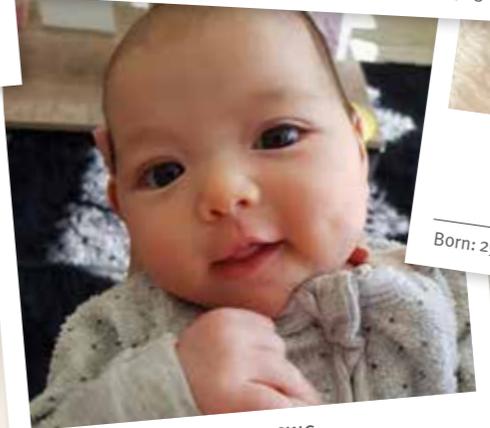
INTRODUCING **Casey Arthur Collinson**
PARENTS: CHLOE FAWELL AND BRAD COLLINSON
Born: 15/02/2019 Time: 2.32pm Weight: 3.57kg



INTRODUCING **Saylor Kelly**
PARENTS: MARK AND KRISTIN KELLY
Born: 29/06/2019 Time: 1.36pm Weight: 3.45kg



INTRODUCING **Adaline Shannon Lewis**
PARENT: ELISA SHANNON LEWIS
Born: 12/03/2019 Time: 6.15pm Weight: 3.33kg



INTRODUCING **Charlie K Humberstone**
PARENTS: PAUL HUMBERSTONE AND SHUBING OU
Born: 09/05/2019 Time: 11.10pm Weight: 3.61kg



INTRODUCING **Luna Winter Donald**
PARENTS: PRUE AND NICK DONALD
Born: 21/03/2019 Time: 4.45am Weight: 3.0kg



INTRODUCING **Mackenzie Isabella Stoppel (MIS)**
PARENTS: SARAH AND MATT STROPEL
Born: 19/09/2018 Time: 4.23am Weight: 3.15kg

CROUP IN CHILDREN: WHAT YOU NEED TO KNOW

By Emma Gerrard

Gold Coast Private Hospital's Paediatric Care Centre Nurse Unit Manager

Croup is an illness caused by a viral infection and while it is quite common in children aged between six months and three years, it can also occur in children outside of this age range.

Croup may begin with a cold, such as a runny nose, sore throat and mild fever, but the key feature of croup is a distinctive seal-like barking cough, which may come on suddenly. Your child may also have a hoarse voice and a harsh, high-pitched wheezing sound (called stridor) when they breathe in.

The "barking" cough is caused by inflammation of the upper airway, in particular, the larynx (your voice box) and the trachea (windpipe). This narrowing of the airway makes it harder to breathe. The narrowing of these airways is the cause of the noise or "stridor" that you hear when your child breathes in.

SYMPTOMS

Croup symptoms normally occur during the early evening when the cooler air sets in. It is not uncommon for your child to go to bed seemingly perfectly well, then wake with a "barky" (like a seal) cough and a stridor (noisy, often high pitched breathing, when they breathe in) a few hours later. At other times, your child might have a cough or runny nose for a day or two before croup symptoms present.

SEVERE SYMPTOMS

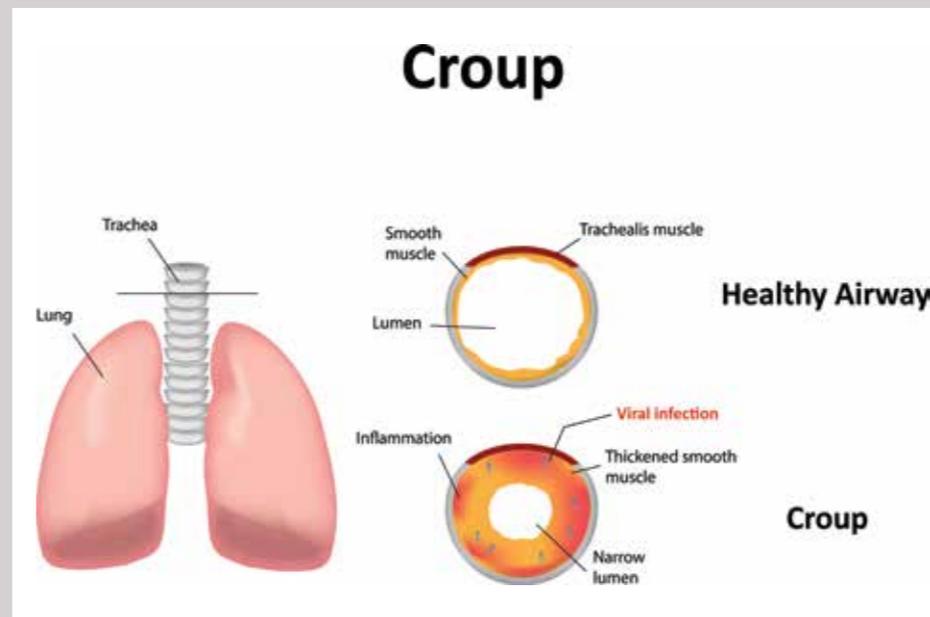
When your child breathes in, you might notice that the skin between the rib cage, or at the front of his throat gets "sucked in". This is called recession and is a sign that your child is working harder to get adequate breaths into his/her lungs. You might also notice that your child is breathing faster than normal - which can lead to your child becoming tired and irritable.

If your child is finding it easier to breathe while sitting up leaning forward with arms on knees (tripod position) you should seek urgent medical assistance.

HOW CAN I HELP?

Croup can worsen quite quickly. It is important to try to keep your child calm to help keep symptoms under control. If your child is finding it hard to breathe and is unable to speak in sentences without pausing for a breath, then you need to seek medical attention urgently.

Croup is often worse on the second or third night of the illness. Your GP may prescribe oral steroids (Dexamethasone or Prednisone) which will help to open up the airways to allow easier breathing.



TREATMENT

In mild cases, croup is normally self-limiting to two to three days of illness and does not need any intervention. If your child complains that they have a sore throat (which is not uncommon), then you could give them a dose of Paracetamol or Ibuprofen.

Sometimes they may have a low grade fever (Temp 37.5-38). This is normal and unless your child is upset and irritable, it does not need to be treated as this is the body's response to help fight the virus.

As long as you are able to keep your child calm and resting, they normally recover without any concerns. It can be beneficial for a parent to stay near to the child overnight, so that they can comfort and reassure the child if symptoms worsen.

In a hospital setting, treatment is primarily to relieve symptoms:

- Nebulized adrenaline is often used on first presentation to an emergency department to open up the airways in a timely manner, allowing time for the oral steroids to take effect.

- Steroids may be given to help reduce the swelling of inflamed airways.
- Oxygen therapy may occasionally be required in severe cases to maintain adequate oxygen levels in the blood stream.

WHEN DO I NEED TO SEEK MEDICAL ATTENTION?

- If your child is under six months of age and has signs and symptoms of croup
- If you notice that your child is "sucking in" his skin between his ribs when he breathes in
- If your child has stridor at rest
- If your child becomes distressed or their symptoms are getting worse
- If you have any other concerns about their condition

YOU SHOULD CALL 000 IMMEDIATELY IF YOUR CHILD:

- Is really struggling to breathe
- Is pale, with bluish lips and is increasingly drowsy
- Has "flared" nostrils
- Is unable to speak in sentences without taking a breath
- Begins to drool or is unable to swallow
- Adopts the "tripod" position and refuses to lie down

HOW DID MY CHILD "CATCH" CROUP?

Croup is the physical reaction to a virus, it is not something that can be "caught", as such. The viruses that can cause croup are easily spread from person to person through contact, coughing or sneezing. Multiple children can have the same virus, but one will develop croup symptoms and the other will not.

If your child has croup or the symptoms of a viral illness (cough, runny nose etc.) then you should keep them at home until the symptoms have gone.

Regular hand washing can go a long way in the prevention of spreading these viruses.

NOTE: There is no researched evidence to suggest that the use of humidifiers, vaporisers or steam therapy are of any benefit in the treatment of croup.

FOR MORE INFORMATION YOU CAN CONTACT OUR PAEDIATRIC CARE CENTRE AT ANY TIME ON 07 5530 0768 OR VISIT OUR EMERGENCY DEPARTMENT.

Gold Coast Private Hospital
Emergency Care Centre
14 Hill St, Southport Qld 4215.

DON'T BE A SLAVE TO 'MENSTRUAL MISERY'

"Don't be afraid of hysterectomy. For eligible patients, and when done by a skilled surgeon, it can completely change your life for the better."

Women who experience what is known as 'menstrual misery' or heavy painful periods should be seeking help much sooner, according to a leading Gold Coast gynaecologist.

Gold Coast Private surgeon Dr Graeme Walker said most women suffering from abnormal periods who underwent total laparoscopic hysterectomy (TLH) were in their late 40s and 50s and had suffered terribly, often for many years longer than necessary.

"It's really frustrating to hear how lives have been dominated for years by really heavy periods when there are a variety of simple medical and surgical solutions to hand," he said.

"These women often call in sick to work, end up bed bound, avoid the gym or leaving the house and some, alas perceive that this is the norm.

"There are many steps to treating heavy painful periods, many of which can be undertaken by the GP including simple medications like Transeamic acid or Ponstan, which can reduce the amount of blood lost during the period by up to 50 per cent.

"The combined oral contraceptive pill, if appropriate and especially in the younger age group, taken continuously results in the majority of women having no periods at all.

"The Mirena intrauterine device is inserted into the womb usually in the GP practice and results in a significant reduction in blood loss in the majority and complete loss of periods in a significant number of women for up to five years before the Mirena has to be replaced.

"For many reasons though, however hard we try, in some patients heavy painful periods persist despite all our best efforts, and a referral to specialist is required.

"If these conservative treatments don't work, the GP should refer to a gynaecologist who will take a detailed history, perform a clinical exam to rule out any sinister cause for heavy bleeding before offering surgical options, usually in the form of an Endometrial Ablation or recommending a laparoscopic hysterectomy."

Dr Walker said for some women, surgical intervention was necessary, but there was often a delay in seeking help from a gynaecologist, which may be attributed to a misunderstanding and fear of the modern hysterectomy.

"Most of these women are often at the end of their tether and have tried multiple treatments for many years before seeking specialist advice," he said.

"It's important for women to understand that today's hysterectomy has little resemblance to what it did 10 years ago when they were performed as an open surgery.

"A modern-day TLH is a minimally invasive procedure involving three, 5mm incisions in the abdomen which heal very quickly, with most women walking within hours of surgery and driving after a week.

"While women can usually go home the same day, at Gold Coast Private Hospital we keep them for a day or two, so they can get a well-deserved rest or some "me time" with excellent food before going back home."

Dr Walker said a major misconception was that most women assumed the ovaries were taken out at the time of surgery, putting them into the "dreaded menopause".

"This is definitely not the case as most hysterectomies only involve the removal of the uterus and cervix," he said.

"In most cases, the ovaries are left behind so women don't go into 'premature menopause' – instead menopause usually happens several years later when nature takes its course.

"The result of this type of hysterectomy is no more Pap smears; eliminated risk of cervical and endometrial cancer; and reduction in the risk of ovarian cancer.

"But for those who have been long-time sufferers of menstrual misery, the advantages of hysterectomy are so much more - iron stores return to normal, energy is increased, debilitating period pain disappears, no more days off work or missed gym sessions.



"For this group of women as a last resort total laparoscopic hysterectomy gives them back their life - a life that may have been missing for many years."

Dr Walker said, as is the case with any medical condition, surgery should always be the last resort.

"For those women who have finished having children and have failed with non-surgical methods, don't be afraid of hysterectomy," he said.

"For eligible patients, and when done by a skilled surgeon, it can completely change your life for the better."

FOR MORE INFORMATION CONTACT:

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W: www.thecervicalcentre.com.au



Gynaecologist, Dr Graeme Walker

ENDOMETRIOSIS DON'T SUFFER IN SILENCE

*"Help is out there,
you just have to find it."*

Awareness of the condition and education around what's considered 'normal' period pain is key to helping those living with endometriosis - a condition that affects 1 in 10 women and girls, often leading to debilitating pain and, for some, infertility.

Endometriosis produces endometrial-like tissue outside the uterus, most commonly in the abdomen and bowel, that bleeds with each menstrual cycle causing inflammation and ultimately scar tissue, cysts and adhesions.

There is no cure for endometriosis, but with the right help and treatment, it can be managed.

Jessica Taylor, Chair of the Australian Coalition for Endometriosis and President of Endometriosis Queensland, said awareness of the condition was improving, but more education was needed.

"A lack of knowledge about endometriosis and its symptoms is the main barrier to women and girls getting the help they need," she said.

"Understanding what constitutes 'normal' period pain, and what doesn't, is a critical step. We tell women and girls that if pain can't be managed by regular painkillers and a heat pack, something is wrong.

"However, in some cases, women don't experience any pain, so there are other, more subtle symptoms to be aware of, including struggling to fall pregnant, bloating, bladder or bowel issues, as well as fatigue."

Ms Taylor said we needed to work together as a community to tackle endometriosis and support those affected.

"A National Action Plan has been created focusing on awareness, education, support and research," she said.

"The plan involves key activities such as introducing education into schools, making new material available to GPs, and creating a module on endometriosis for gynaecologists within their specialist training."

Ms Taylor said while more needed to be done, there had been a groundswell of support that had empowered women to speak up.

"We have seen an increase in prevalence of endometriosis but I don't believe it's becoming more common, I just think more people are being diagnosed because they are speaking up," she said.

"The more we talk about it, the more we realise how widespread it is and how it's affected other friends, family and past generations.

"Talking about our periods has traditionally been taboo, but this generation is normalising it and courageously lifting the stigma to make the lives of tomorrow's women, better.

"We need to keep talking about endometriosis, and we encourage women and girls to be their own advocates by seeking help, discussing their symptoms and, if needed, pushing for further investigations."

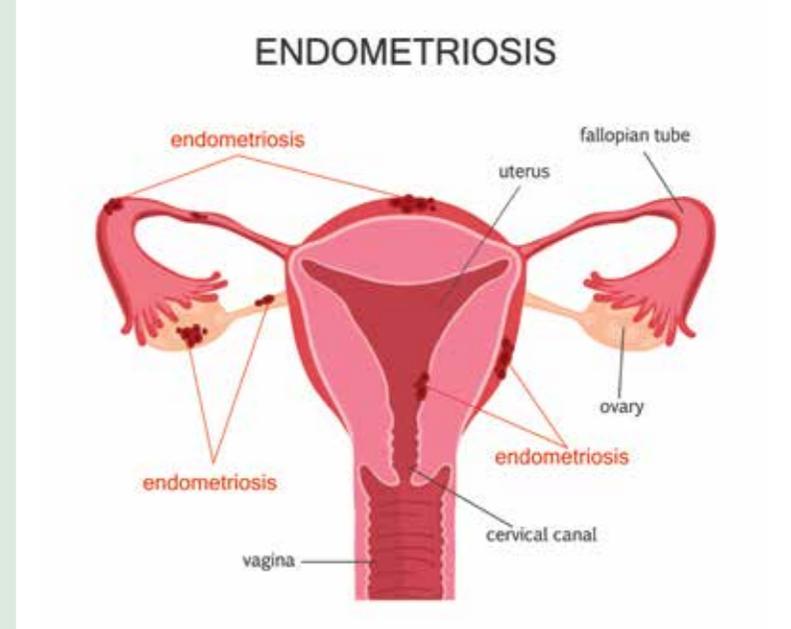
Ms Taylor said there was a lot of information on the Queensland Endometriosis website that could help women and girls who may be struggling to identify whether they may have the disease or not.

"Educate yourself, be proactive, follow our checklist and push for a referral to an endometriosis specialist," she said.

"Help is out there, you just have to find it."



GOLD COAST PRIVATE SURGEONS SPECIALISING IN ENDOMETRIOSIS		
A/Prof Donald Angstetra	Obstetrician & Gynaecologist	Ph. 07 5594 9496
Dr Tina Fleming	Obstetrician & Gynaecologist	Ph. 07 5594 7632
Dr Helen Green	Gynaecological Oncologist	Ph. 07 5594 9496
Dr Erlcih Sem	Obstetrician & Gynaecologist	Ph. 1300 104 105
Dr Graeme Walker	Gynaecologist & Colposcopist	Ph. 07 5530 0490
Dr Tania Widmer	Obstetrician & Gynaecologist	Ph. 07 5594 7632



Gold Coast Private patient Emma-Ann Plummer spent three years trying to find answers to her agonising pain and infertility.

The now 30-year-old nurse visited multiple doctors who told her she was "fit, young and healthy" and to "keep trying to conceive".

"I was sent for the usual blood tests but none of them investigated further," said Emma.

"One doctor told me that maybe I was 'just infertile' - which was devastating to hear at 28."

Then she found Gold Coast Private gynaecologist and obstetrician Tina Fleming.

"She recommended an endoscopy to check for endometriosis - I'd never even heard of it before," said Emma.

"Turns out I'd had it since I was a teenager but the pill had masked the pain.

"It was a huge relief to find out what the problem was after so much frustration and tears."

In March 2018, just months after Dr Fleming surgically removed her endometriosis, Emma fell pregnant - naturally.

"It was a dream come true," she said.

"There are too many other women with stories similar to mine. I hope that they find someone like Dr Fleming to put at end to their suffering."



Dr Kashif Sheikh *MBBS, MRCP, FRACP*
Gastroenterologist

Dr Kashif Sheikh is a skilled gastroenterologist and hepatologist specialising in diagnosis and treatment of general gastrointestinal disorders and liver conditions.

Dr Sheikh has been practising gastroenterology as a specialist since 2010 and has been providing gastroenterology services in Queensland since 2014. He is a senior staff specialist at Gold Coast University Hospital where he trains students and medical trainees in gastroenterology and endoscopy.

Dr Sheikh underwent his specialist gastroenterology training in the UK before undertaking subspecialist training for interventional endoscopy and liver diseases at the University College London Hospital and Royal Free Liver Transplant Unit in London.

Dr Sheikh is a fellow of the Australasian College of Physicians and holds membership of Royal College of Physicians, London. He is a member of various gastrointestinal societies and of a Queensland-wide network group for liver and pancreatic disease.

Dr Kashif Sheikh specialises in:

- General gastrointestinal disorders
- Diagnostic/therapeutic gastroscopy and colonoscopy
- ERCP
- Acute and Chronic liver diseases

TO ARRANGE AN APPOINTMENT PLEASE CONTACT:

Gold Coast Centre of Digestive Disease
Suite 3, Brockway House
82 Queen Street, Southport QLD 4215

P: 07 5591 3155 | F: 07 5591 6114
E: reception@drob.com.au



Dr William Butcher *FRACS, FRCS (Ed), FCS (SA)*
Vascular Surgeon

Dr William Butcher is a vascular surgeon who provides patient-centred care through both conservative and surgical treatments, ensuring patients get exactly the care they need.

With vascular fellowships from three countries, Dr Butcher initially trained in South Africa and the United Kingdom before moving to Australia 10 years' ago and starting private practice on the Gold Coast.

While Dr Butcher is highly qualified in all aspects of vascular surgery, including both traditional open surgery and endovascular surgery, he also has significant experience in managing patients conservatively. Patients and referring doctors can be assured that a combination of the most modern and traditional techniques, expertly delivered through years of international experience, will be made equally available to ensure the best outcomes.

Dr Butcher's special interests include:

- Complex aortic aneurysm surgery for patients not suited to endovascular treatment
- Endovascular aortic aneurysm surgery for suitable patients
- Carotid endarterectomy to manage the risk of future stroke
- Peripheral vascular therapies using both open and endovascular techniques to prevent
- leg loss and improve walking distance and quality of life
- Finding durable and cost effective solutions for patients with varicose veins, especially those funding their own care

Dr Butcher prioritises timely care and strives to see all patients within a few days of referral.

TO ARRANGE AN APPOINTMENT PLEASE CONTACT:

Gold Coast Private Specialist Suites
Gold Coast Private Hospital
14 Hill Street, Southport QLD 4215

P: 07 5530 0770 | F: 07 5530 0687
E: gcpspecialistsuites@healthscope.com.au



Dr Maneesha Bhullar *MBBS, MRCP, FRACP*
Consultant Gastroenterologist, Hepatologist and Specialist in General and Acute Care Medicine

Dr Maneesha Bhullar is a gastroenterologist, hepatologist, and specialist in general and acute care medicine who takes an integrated, multidisciplinary approach to optimising gastrointestinal health by improving nutritional care.

Dr Bhullar graduated with a medical degree from the University of Melbourne in 2008, where she was nominated for the Young Investigators Award by the Australian Gastroenterology Society.

She undertook her specialist training at the Royal Melbourne Hospital, Monash Health and Western Health, and completed her fellowship at the Royal Melbourne Hospital, with a key interest in inflammatory bowel disease and nutrition.

Dr Bhullar has presented research into the genetics of Crohn's Disease at international and national conferences and authored several international journal publications.

She understands the importance of communication with patients and their families and is committed to providing holistic and personalised medical care specialising in:

- Inflammatory bowel disease (IBD)
- Clinical nutrition
- Irritable bowel syndrome
- Gastroesophageal reflux
- Iron deficiency anaemia
- Gastrointestinal bleeding
- Coeliac disease
- Fatty liver disease

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Dr Richa Richa *MBBS, FRACP*
Endocrinologist

Dr Richa is an endocrinologist with a special interest in all areas of clinical endocrinology and diabetes.

She completed her basic physician training at John Hunter Hospital in Newcastle before training as an endocrinologist in Darwin, Cairns and Gold Coast.

Dr Richa is a Visiting Medical Officer at Gold Coast Private Hospital and works as Staff Specialist Endocrinologist at Gold Coast University Hospital. She also holds academic title with Griffith University.

Dr Richa has extensive knowledge and experience in all aspects of clinical endocrinology including:

- T1 and T2 diabetes
- MODY
- Gestational diabetes
- Insulin pump management
- Thyroid disorders
- Management of menopausal symptoms
- Calcium and bone disorders
- Adrenal disorders
- Pituitary disorders
- Neuroendocrine pathologies.

Her private practice rooms for outpatient consultations are at Grace Private and GC Heart and Specialist Centre, Arundel.

APPOINTMENTS CAN BE MADE THROUGH GRACE PRIVATE OR BY CALLING THE SPECIALIST ROOMS AT GC HEART AND SPECIALIST CENTRE.

GC Heart & Specialist Centre
249 Central Street, Arundel QLD 4214

P: 07 5563 3600 | F: 07 5563 3100



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