

# THE PRIVATE

CARDIAC EDITION

**MITRA CLIPS SAVING  
HIGH-RISK PATIENTS**

**GCP LEADING THE CHARGE  
IN STROKE PREVENTION**

**ADVANCED CARDIOVASCULAR  
SERVICE SAVING LIVES AND LIMBS**

ISSUE 4



**Gold Coast**  
PRIVATE HOSPITAL





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

The past six months have been extremely busy and exciting at Gold Coast Private Hospital as we finalised our Stage 2 development, had various changes to our road network with the Commonwealth Games, and continued to expand our service offerings.

As a result of our recently finalised construction, we have now opened an additional four operating theatres, a new 30-bed bariatric and urology ward, and an onsite Day Surgery Centre which has allowed us to offer a greater range of services to our patients.

These new additions to Gold Coast Private just two years after opening is a testament to the support of the community and only made possible by our dedicated staff.

As you read through this edition of The Private, you will see that we continue to lead the way in cardiac technologies and supporting services which translates throughout the entire hospital.

Over the next 12 months, we will continue this pathway of growth and service development and look forward to sharing our progress with you.

Yours sincerely,  
David Harper



Gold Coast Private Hospital Day Surgery Centre now open with a 23-seat discharge lounge



Gold Coast Private Hospital Day Surgery Centre has four new operating theatres and has been fast-tracked to meet demand

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# Dedicated Day Surgery Centre Opens At Gold Coast Private

Gold Coast Private has opened its new purpose-built Day Surgery Centre (DSC), adding four new operating theatres, a 17-bay recovery area and 23-chair discharge lounge to the state-of-the-art hospital.

Designed to give patients easy access to safe and seamless surgery, the facility features a one-stop admission area, electronic recliners and food and beverages, making their short stay a comfortable one.

Doctors and staff were also considered during the design of the Centre, with the layout providing quick and easy access to patients and new equipment offering the latest surgical and monitoring technology.

Nurse Unit Manager Tamsin Smith said the DSC had been built around efficiency and safety, ensuring the patient's journey from admission to discharge was seamless.

"In addition to excellent clinical outcomes, a major focus for the DSC has been the efficient delivery of services, and ease of admission and discharge," she said.

"Not only does this make the process as quick and straightforward as possible for our patients, it is also fantastic for our doctors who can better plan their day thanks to more reliable theatre times.

"The design of the DSC is such that it keeps staff and patients in close proximity for monitoring and continued care following surgery - it's a much more intimate setting than other surgical facilities which is a real comfort for patients.

"We have employed additional staff and increased the working hours of current staff to ensure each patient receives the level of attention they deserve.

"Before they discharge, patients can make appointments with in-house physiotherapists, social workers and other allied health workers to create a tailored wellness program to optimise recovery.

"They can also fill scripts at our on-site pharmacy and receive expert advice about managing their medications.

"We aim to provide each patient with the information and support they need at every step of their operative journey, so they can return to their normal routine quickly and safely."

Gold Coast Private General Manager David Harper said the DSC was delivered as part of the \$50 million stage two expansion of the hospital, which was fast-tracked to meet patient demand.

"We were initially planning to start work on stage two in 2019, but we decided to accelerate our expansion plans after strong demand from patients and doctors," he said.

"The delivery of the DSC ensures the community has easy and fast access to services as we continue to set the benchmark in private health care on the Gold Coast."

Gold Coast Private Hospital's DSC specialises in dental, minor plastic surgery, paediatric day surgery services, minor orthopaedics and urodynamics.



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IN FOCUS

# CARDIAC SERVICES

## Treatments and Procedures

- Structural heart
  - Transcatheter Aortic Valve Implantation (TAVI)
  - Patent Foramen Ovale (PFO) closure
  - Atrial Septal Defect (ASD) closure
  - MitraClips
  - Left Atrial Appendage closure (LAA)
- Electrophysiology, Ablation and pacing
- Vascular (surgical & interventional)
- Coronary angiogram and angioplasty
- Cardiac surgery

## Services

- Cardiac Care Unit
- Intensive Care Unit
- Emergency Care Centre
- STEMI Service
- Cardiac Rehabilitation



Cardiac Cath Lab Manager David Millen

*Gold Coast Private is home to one of the most comprehensive suites of cardiac services of any private hospital in Queensland.*

The hospital's structural heart portfolio includes Transcatheter Aortic Valve Implantation (TAVI), Atrial Septal Defect (ASD) closures, Patent Foramen Ovale (PFO) closures, and MitraClips - some of which are only available privately on the Gold Coast at this facility.

General Manager David Harper said cardiac services had been a major focus for the hospital and Healthscope had invested heavily into technology, equipment and training, particularly over the past 12 months.

"The Gold Coast Private is at the forefront of cardiac treatment, offering some of the latest procedures and devices that are only available in a handful of private facilities across Australia," he said.

"We provide the full-circle of cardiac treatments, from structural heart, electrophysiology and pacing; to vascular and interventional cardiology; and our complete suite of diagnostic services means patients will not need to be transferred to another facility for any part of their cardiac care, including rehabilitation.

"The hospital has specialised nursing staff and a large team of cardiothoracic surgeons, interventional cardiologists and cardiac surgeons who provide around-the-clock care of the highest standard.

"The facility is fitted with the latest technology including two cardiac catheterisation labs - one of which is a hybrid theatre - and optical coherence tomography with 3D flythrough - the only of its kind on the Coast."

Cardiac catheterisation laboratory (cath lab) nurse unit manager, David Millen said having access to every diagnostic service and treatment available meant patients did not need to be on-referred for transport to Brisbane for any part of their cardiac treatment.

"Patients have the peace of mind that when they come to see one of our specialists, they can be reassured that any procedure they need to have done for their heart, can be done here," he said.

"With one of the most comprehensive suites of private cardiac services in Queensland, we are really leading the way in cardiac care."

Other state-of-the-art equipment includes Fractionated Flow Reserve (FFR) to ensure blockages in coronary arteries require a stent; intravascular ultrasound that assists with stent sizing and placement; rotablation, used to remove calcium from coronary vessels; and Angio jet, used to break down and remove clots from veins and arteries.

## Specialist Directory

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TAVI Team - Cardiothoracic Surgeon, Dr Ben Anderson; Cath Lab NUM, David Millen; Interventional Cardiologists, Drs Michael Greenwood and Tony Lai



Interventional Cardiologists, Drs Michael Greenwood and Tony Lai perform TAVI at Gold Coast Private

# TAVI Introduced For Patients Suffering Aortic Stenosis

*“TAVI is a game changer for patients who would otherwise be forced to live with a debilitating and often fatal condition,” said Dr Michael Greenwood.*

Gold Coast Private has introduced a minimally invasive procedure to treat aortic stenosis (AS), completing the hospital’s structural heart portfolio and making it one of the most comprehensive cardiac services in the Queensland private sector.

The hospital now offers Transcatheter Aortic Valve Implantation (TAVI), a lifesaving procedure for high-risk patients requiring aortic valve replacement, who are unable to undergo traditional, open surgery. The procedure is being performed by interventional cardiologists Dr Michael Greenwood and Dr Tony Lai, together with cardiothoracic surgeon Dr Ben Anderson. They are supported by vascular surgeon Dr David Grosser.

AS is a condition where the opening of the aortic valve narrows due to built-up calcium or cholesterol, restricting blood flow and causing symptoms including fainting, chest pain and shortness of breath. If left untreated, it can lead to heart failure or sudden death.

Gold Coast Private cardiologist Dr Michael Greenwood said of the tens of thousands of Australians affected by AS, many were unfit for open heart surgery. He said TAVI was a lifesaving operation for many of these patients.

*“It is at the least, a life-changing operation and for many, it is lifesaving.”*

“TAVI is a game changer for a large cohort of patients who would otherwise be forced to live with what can be a debilitating and often fatal condition,” he said.

“For people suffering from AS, their quality of life is drastically reduced. Even the most simple of tasks can become impossible, stripping people of their independence and ability to enjoy life.

“Being able to offer this highly specialised, minimally-invasive procedure gives these people another chance at life, which is not only life changing for them, but for their families also.”

Dr Greenwood said Gold Coast Private took a team-approach to the diagnosis and treatment of high-risk patients requiring aortic valve replacements.

“When performing TAVI, we involve the entire ‘heart team’, ensuring two cardiologists, a vascular surgeon and cardiothoracic surgeon are in theatre during the operation, alongside the anaesthetist,” he said.

“The surgery is performed in the hospital’s hybrid theatre - a sophisticated theatre with advanced imaging technology that allows surgeons to perform endovascular procedures in an operating room environment.”

During TAVI, a tube is inserted into the artery through the groin and a balloon catheter is guided up to the heart. The diseased heart valve, or failing surgical valve, is forced open and a new valve, made from animal tissue, is inserted.

“In TAVI, the calcified leaflets of the patient’s diseased aortic valve are not removed, instead they are pushed to the side when the stent expands, helping to lock it in place,” said Dr Greenwood.

“The procedure takes around one to two hours, patients are usually walking in a day or two, and the hospital stay is around three to five days, with the first day or so in ICU.

“Patients generally start feeling better immediately as their valve is now working properly so many of their symptoms are either resolved, or drastically improved.

“It is at the least, a life-changing operation and for many, it is lifesaving.”

While Gold Coast Private has covered the valve costs for patients since the introduction of TAVI in June 2017, the procedure has now been added to the private healthcare rebate list and the hospital is making its way through the new accreditation process.

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# MitraClip Makes A Difference To 'Leaky Heart Valve' Patients

*Gold Coast Private has performed more MitraClip procedures than any other private hospital in Australia.*

**G**old Coast Private remains the only private hospital in the City that offers patients suffering from Mitral Regurgitation (MR) the non-invasive MitraClip procedure, which has been proven to reduce hospital visits for heart failure by 73 per cent.

The procedure is available for 'high risk' patients who are considered unsuitable candidates for open heart surgery, with surgeons instead using a catheter-based device to insert the MitraClip and seal 'leaky' mitral heart valves.

Cardiothoracic surgeon, Ben Anderson and interventional cardiologist, Michael Greenwood have used MitraClips in more than 45 patients with MR, a condition that occurs when leaflets of the mitral valve do not close completely, causing blood to flow backwards and leak into the left atrium. In Australia, Gold Coast Private has recorded the highest number of MitraClip procedures of any private hospital.

Since 2015, 20,000 patients have been fitted with a MitraClip worldwide. Clinical data from 900 patients assessed in the year following MitraClip insertion found an immediate reduction of MR along with an improvement in symptoms. There is a low average hospital stay of 2.9 days.

If left untreated, MR can lead to a range of serious and potentially life threatening conditions, including an irregular heartbeat, heart failure, stroke or heart attack, due to the heart needing to work harder to compensate for the 'leaky' valve.

Cardiothoracic surgeon, Ben Anderson said Gold Coast Private surgeons and specialists were working to improve awareness and increase early detection of the condition.

"Despite the fact that MR is one of the most common heart valve conditions, it is often not covered in early tests for patients with heart complaints, which means more information needs to be made available to GPs to enable an earlier diagnosis," he said.

"Patients may present with symptoms including shortness of breath on exertion or when lying down, fatigue and exhaustion during increased activity, sensations of rapid fluttering heart beat and excessive urination at night.

"Diagnosis is generally via an echocardiogram, and the procedure itself usually takes about 2.5 hours, with only a few days required in hospital following surgery.

"The results we have seen from the patients treated at Gold Coast Private over the past few years have been excellent - the procedure has significantly improved their quality of life and has resulted in a drop in hospital visits for heart failure."

#### For more information contact:

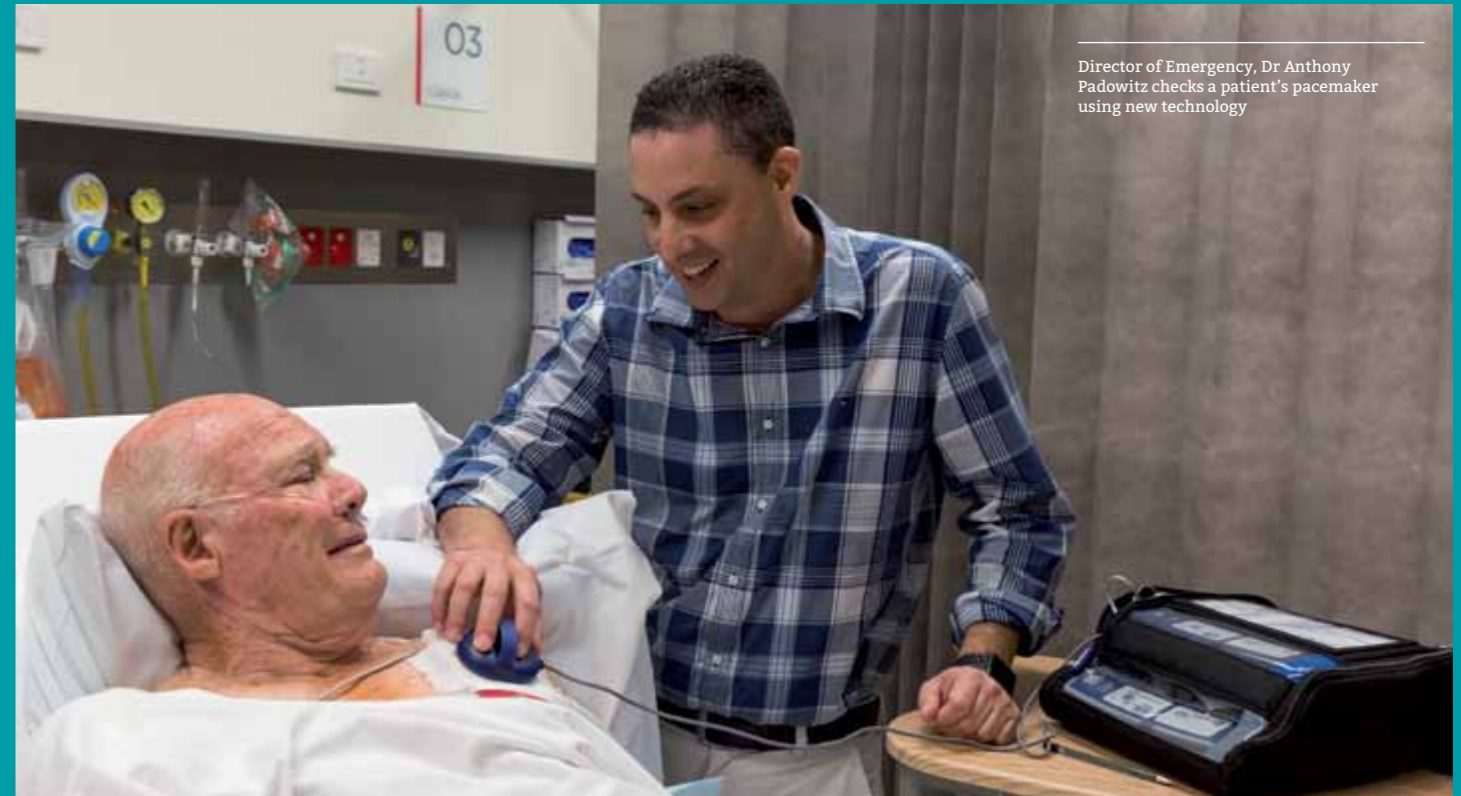
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*Cardiothoracic Surgeon, Dr Ben Anderson and Interventional Cardiologist, Dr Michael Greenwood perform the MitraClip procedure*



## NEW TECHNOLOGY HELPING PEOPLE WITH PACEMAKERS



Director of Emergency, Dr Anthony Padowitz checks a patient's pacemaker using new technology



*"By shaving hours off the diagnostic process, our patients are given the best chance of recovery," said Director of Emergency, Dr Anthony Padowitz.*

**G**old Coast Private Hospital has world-first technology that can analyse a patient's pacemaker at the bedside, providing results within minutes and ensuring patients gain access to the appropriate treatment, faster. The remote monitoring service determines if the patient has been experiencing a cardiac episode, or if their symptoms have been caused by a fault with the pacemaker, within 15 minutes - a process that can otherwise take more than two hours.

If the pacemaker is at fault, a technician is sent to repair it; if it is in working order, clinical investigations to diagnose, and treat, the cause of the patient's symptoms begin immediately.

Gold Coast Private Emergency Care Centre (ECC) manager and emergency medicine specialist, Anthony Padowitz, said the technology would become the 'gold standard' in healthcare.

"Anything that can accelerate the clinical decision-making process is a huge benefit to patients," he said.

"For people with implanted cardiac devices, it is important to rule-out technical faults before treating the symptoms with medication or surgical interventions.

"While the report may clear the device of fault, it could alert us to other possible causes, such as an episode of increased heart rate which can lead to stroke.

"At the Gold Coast Private ECC, our doctors can analyse the implant immediately using world-first technology that transmits diagnostic data to the USA and reports back within minutes.

"By shaving hours off the diagnostic process, our patients are given the best chance of recovery as we are able to administer what is often life-saving treatment, within minutes."



# ADVANCED CARDIOVASCULAR SERVICE SAVING LIVES AND LIMBS



Cardiovascular surgeon - Dr David Grosser

*“The technology gives us the tools to achieve outcomes that allow patients to live much healthier, fuller lives,” said Dr Grosser.*

**A** new device that opens calcified vessels is saving limbs that may have otherwise required amputation at Gold Coast Private - the only hospital with the technology in Southern Queensland. This latest technology can clear an arterial blockage, diffuse calcification of the blood vessels and combat the effects of recurrence in previous bypasses and stents by providing rotational atherectomy in the form of a micro-drill that opens calcified vessels.

The Jetstream Atherectomy System runs at 70,000 revs per minute, fragmenting the plaque and sucking away the product to clear a total or near occlusion that could otherwise lead to amputation, while protecting the normal muscle layers. Cardiovascular surgeon David Grosser said this was a major improvement on other devices that worked satisfactorily in the heart, but failed to provide durable results in the limbs. “Jetstream has provided many patients with limb salvage in situations where we had run out of options,” he said. “They were facing amputation with limb vessels affected by extensive high-grade areas of circumferential calcification - a condition that can’t be treated well with balloon angioplasty or stenting because of the risk of vessel rupture or the inability to dilate the blockage. “Jetstream provides an effective solution that limits the risks to patients.” Dr Grosser said Jetstream was just one of many devices Gold Coast Private had invested in to ensure its cardiovascular service was among the best in Australia.

“The technology the hospital provides us in the vascular area is world-class, giving us the tools to achieve outcomes for our patients that allow them to live much healthier, fuller lives,” he said. “This equipment is expensive, but the hospital has spent millions of dollars ensuring we have access to the best technology on the market, putting our cardiovascular service among the most advanced in the Country.” Dr Grosser said the hospital was also the only facility in Southern Queensland that had new technology to clear major Deep Vein Thrombosis (DVT) - a life threatening concern in the short term that, if not resolved, can lead to high pressure vein symptoms in the legs below, in 30 to 50 per cent of patients. “This can involve large, heavy, painful, discoloured legs that are subject to skin and deeper tissue breakdown and chronic ulceration, but with this technology the clot can be rapidly resolved,” he said. “The device enables us to infiltrate the clot with a dissolving agent and after 30 minutes, the same device can be used to fragment and suck away the clot.

“The thrombectomy machine, known as AngioJet, uses active aspiration and is designed to treat the widest range of thrombosed vessels to rapidly restore blood flow. “This technology not only has the potential to save lives, it can prevent changes leading to ulcers and the chronic breakdown of tissue in the lower leg.” Dr Grosser said the hospital’s highly-accurate, Intravascular Ultrasound (IVUS) capabilities gave surgeons exceptional control during the stenting of major veins, preventing them from re-occluding. “Our team of cardiovascular surgeons have more experience in this area than any other hospital on the Gold Coast,” he said. “We have been at the forefront of recanalising major veins chronically affected by occlusion, with the ability to use wire, balloons and stents to open veins, even years after they have developed occlusion. “As the standard treatment for atheroma blockages, we use drug-eluting stents and balloons that provide a layer of anti-cancer drug on the inside of the blood vessel, helping to prevent re-activity and reformation of the narrowing in the vessel.

“These drugs prevent cell division and are designed to release slowly, preventing recurrent disease.” Dr Grosser said senior surgeons were highly involved in the design of the hospital’s hybrid theatre to ensure it was tailored to the demands for present and future patient solutions. He said the new TAVI procedure, used to repair aortic valve stenosis, was just one of many groundbreaking operations being performed in the hospital’s hybrid theatre with the support of the vascular and cardiac surgeons. “The beauty about a lot of these treatments and procedures is they can be done in a very short time with a high level of efficiency, and minimal trauma to the patient.” said Dr Grosser. “We have excellent nursing staff who are constantly being trained and upskilled - many of whom have accompanied us from Allamanda and so have extensive experience in treating cardiovascular disease. “The team come with excellent credentials and are highly committed to their job, regularly staying late for emergency cases.

“Having such a well-resourced hospital and highly-skilled team is reassuring for patients who can be confident they are in safe hands and will be given the best chance of a positive outcome. “Some of these patients have multiple areas of disease that can’t always be fixed in one go, as there are so many vessels effected; but for these patients, we provide long-term support and management through a multi-disciplinary team, and because of this, they tend to live much fuller lives, and remain healthier throughout their years.”

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# Leading The Charge In Stroke Prevention



Cardiologist, Dr Ross Sharpe, Sonographers Matthew Morrell and Dan Traves



Sonographer, Dan Traves, performing a Trans Cranial Doppler Ultrasound to test if a patient has a PFO

*“Three highly-regarded studies have shown that the hole should be closed and is superior to medication in preventing further brain attacks,” said cardiologist, Dr Ross Sharpe.*

**A** Gold Coast Private cardiologist has made a potentially life saving breakthrough in stroke prevention.

Associate Professor Ross Sharpe and sonographer, Assistant Professor Dan Traves, are the first in Australia to use contrast Trans Cranial Doppler ultrasound (cTCD) to test if a patient has a Patent Foramen Ovale (PFO).

A PFO forms when a connection in the heart that exists in-utero does not close shortly after birth, leaving a flap between the upper chambers of the heart. When the flap fails to close it can result in small clots bypassing the lungs, entering the brain and blocking the artery, causing a stroke.

“The incidence of PFO is much more prevalent in the younger population than first thought, affecting up to a third of people aged up to 12 years,” said Dr Sharpe.

“If left undetected in a stroke victim, a PFO can lead to further strokes.

“The PFO is also linked to migraines with aura, exertional fatigue and breathlessness, divers decompression illness and altitude sickness, amongst other things.

“Recent studies have revealed that it may be responsible for a lot of diseases that could even shorten our life expectancy.”

The accepted gold standard test for PFO detection is a Trans-Oesophageal Echo (TOE) - where a probe is passed down the throat into the oesophagus to take ultrasound images of the heart. This has to be performed under anaesthetic in hospital.

Dr Sharpe said this invasive procedure missed up to a 15 per cent of PFO’s - of which 25 per cent were large - while the non-invasive cTCD was 100 per cent accurate in detecting a potential abnormal connection in the heart.

“cTCD is a better, cheaper, safer and quicker test to detect a PFO than the current standard procedure,” said Dr Sharpe.

“A cTCD can be performed in the consulting rooms in less than 15 minutes and involves injecting a saline solution into the blood stream to see if it reaches the brain.

“If it appears in the brain, this would suggest the patient has a PFO.”

Dr Sharpe is not only leading the charge in PFO diagnosis, he is also the Chairman of the PFO Research Foundation and has been working on new methods for closure once it has been discovered.

Dr Sharpe believes closing a PFO can drastically improve, or even save, thousands of lives.

“The non-surgical treatment of PFO complications such as stroke typically involves a life-time of blood thinning medications like Warfarin, but in my experience, closing it is

the most effective course of action,” said Dr Sharpe.

“Three highly-regarded studies have recently shown that the hole should be closed and is superior to medication in preventing further brain attacks.

“One study has shown 11 strokes in the medical treatment arm, and none in those treated with a patch - a method used to close a PFO.

“Another study found there was a 400 per cent increased risk of stroke if the patient didn’t have their PFO closed with a patch.”

Dr Sharpe has developed and altered the techniques to allow for minimally-invasive PFO closure to be done in just 20 minutes with same-day discharge.

The method involves local anaesthetic, twilight sedation and locating the hole rapidly with a specially shaped catheter that then allows the patch to be delivered through a 2mm cut in the groin vein with positioning under X-Ray.

Dr Sharpe said there were still some in the medical community who didn’t support the procedure but the evidence was clearly in favour of closure.

“Unfortunately there is still a long-held belief in the medical community that closing the PFO has few benefits, however the evidence in the literature is now overwhelmingly in favour of closing the hole,” he said.

Dr Sharpe said studies aside, he had seen the success first-hand.

“My team is now at the point that we are expanding the closure indications to those with severe disabling migraine with aura and who have failed to benefit from usual treatment,” he said.

“Our results have been presented at a major international conference in Europe and we have attracted significant funding for more research. Those studies are about to begin.

“We have seen many patients who have been unable to work or have any kind of meaningful social life due to their severe migraine and following closure they have resumed a normal life.

“Eight years ago there was a young lady who lost her job, her marriage and her baby went into care as she wasn’t able to function due to her headache.

“She travelled the world spending thousands of dollars looking for help before being sent to us where we closed her huge PFO, which had never been picked up.

“The headache disappeared, she started a successful business, and had her child returned to her full-time care.

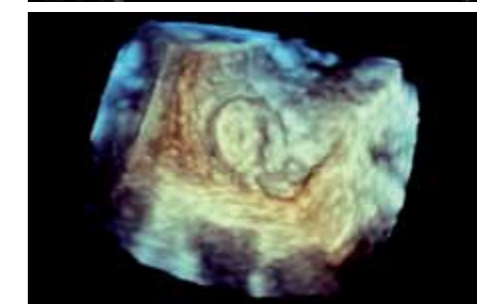
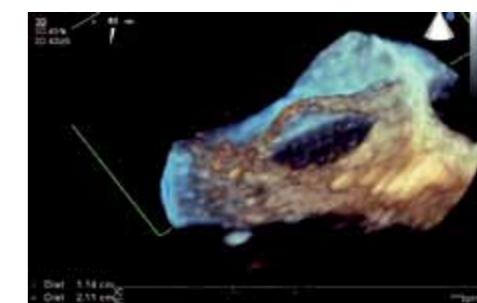
“I believe we have only scratched the surface of the PFO story and there is potentially many more negative impacts it may be having on the human condition.

“For example we are also investigating the impact of these holes on higher brain functions. Our hypothesis is that the unfiltered blood products may influence the brain neuronal health and even general genomic expression.

“My team will be looking for those factors using advanced analysis of the blood collected at the time of closure.”

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3D transesophageal echo images:  
Top: View of PFO tunnel from left atrium  
Bottom: The Gore device placed in the PFO



Gore Cardioform Septal Occluder

# Animation Aids In Accurate Artery Stents

*“With OCT flythrough, we can get a perfect fit every time because we can match the stent to the artery,” said cardiologist, A/Prof Rohan Jayasinghe.*

Patients at Gold Coast Private are benefiting from world-leading technology that produces a three-dimensional ‘flythrough’ video of coronary vessels, giving doctors the ability to accurately size and position stents for people with blocked arteries.

The only one of its kind on the Gold Coast, the new Optical Coherent Tomography (OCT) with its 3D flythrough technology allows for the vessel to be imaged using a laser, then reconstructed in a high definition animation.

The technology allows cardiologists to see the inside of an artery in 10-times more detail than with intravascular ultrasound. It is used intra-operatively during a balloon angioplasty, which is performed with only local anaesthetic using wires and catheters through the groin or wrist.

Gold Coast Private cardiologist Rohan Jayasinghe said the 3D flythrough technology gave doctors an extra level of accuracy.

“Inserting a coronary stent using this equipment is extremely precise,” he said.

“It is essential we use this technology to get the best results for the patient. If we perform this operation without the flythrough or the OCT, we will be estimating the measurements and may not achieve an as accurate a fit.

“With OCT flythrough, we can get a perfect fit every time because we can match the stent to the artery.”

OCT images also let cardiologists clearly see the plaque, fat or clot inside an artery, as well as take precise measurements before and after placing stents.

Gold Coast Private cardiac catheterisation laboratory manager David Millen said OCT was a fantastic tool for assessing coronary vessels from an anatomic standpoint.

“In addition to sizing the coronary vessel to get the right stent, this new technology also enables doctors to see in high definition the inside of the vessel, and can, therefore, make sure the stent is well-opposed to the wall post-deployment,” he said.

“It gives doctors the reassurance they’ve got the right size and that it fits in the vessel correctly.

“If a stent is the wrong size or poorly placed, the risks to the patients include the potential re-stenosis or re-occlusion of the vessel.

“As the only hospital on the Gold Coast with this equipment, and one of only a handful in Queensland, we can be sure our patients are given every chance of a successful operation and excellent outcome.”

Mr Millen said the technology meant doctors could offer the full suite of cardiac procedures using the most modern equipment.

“Gold Coast Private patients don’t have to be referred to Brisbane or elsewhere for any part of their cardiac care,” he said.

“When a patient comes in to see one of our cardiologists, cardiothoracic surgeons or interventional cardiologists, whether it’s through GP referral or the emergency care centre, they can be reassured that any procedure or imaging they need for their heart can be done here.”

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# PATIENTS CHOOSING POTENTIAL CURE OVER MEDICATIONS

*Advanced technology allowing doctors to diagnose and treat cardiac arrhythmia via electrophysiology studies.*

One of Gold Coast Private Hospital's cardiologists says there's been a recent shift in the management of patients with cardiac arrhythmia, thanks to a procedure potentially curing the condition – with incredible success rates.

Advanced technology available at Gold Coast Private allows doctors to diagnose and treat cardiac arrhythmia via Electrophysiology (EP) studies, a minimally invasive procedure used to study the electrical conduction system of the heart.

Cardiologist and electrophysiologist Kang Lim said up until now, patients showing symptoms of having either slow or fast heart beats – including dizziness, blackouts, palpitations or in some cases, chest pain – needed to rely on long-term medication.

“The 3D cardiac mapping system and visualisation technology at Gold Coast Private enables doctors to diagnose, treat and - in some patients - cure them of cardiac arrhythmia,” he said.

“The study is performed by an electrophysiologist and uses catheters inserted into the heart through a vein or artery.

“This allows the doctor to first determine whether there is disease in the conducting system, or initiate various abnormal rhythms.”

When the mechanism and location of the arrhythmia is confirmed, radio frequency ablation can then be used to ablate the region in the heart responsible for the arrhythmia.

Dr Lim said if the arrhythmia was ventricular tachycardia and was not suitable for radio frequency ablation, the patient may benefit from insertion of a defibrillator.

“A defibrillator will pace the heart faster to reset it or cardiovert it - where a small shock is discharged directly to the heart,” he said.

“The defibrillator may potentially save the life of patients at risk of cardiac arrest.”

Gold Coast Private has access to Ensite NavX navigation and visualisation technology and is in the process of procuring another 3D mapping system to aid in the diagnosis and treatment of cardiac arrhythmia.

Dr Lim said the shift in approach for patients with cardiac arrhythmia had been largely positive.

“The success rate of curing patients of their heart rhythm disturbance largely depends on the kind of arrhythmia,” he said.

“For example – patients with paroxysmal supraventricular tachycardia have a success rate of over 95 per cent.”

Dr Lim completed his fellowship at the Royal Perth Hospital before undertaking further electrophysiology training in Bordeaux, France where he worked under the supervision of prominent electrophysiologist, Professor Michel Haïssaguerre, who pioneered catheter ablation therapy and atrial fibrillation ablation.

He has been a consultant cardiologist and cardiac electrophysiologist with the Gold Coast Heart Centre for a decade and is actively involved in educating medical students from both Bond University and Griffith University.

#### For more information contact:

Gold Coast Heart Centre  
Gold Coast Private Hospital  
Suite 13 - Ground Floor  
14 Hill Street  
Southport Qld 4215

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Email: [KTLsecretary@gchc.com.au](mailto:KTLsecretary@gchc.com.au)  
Web: [www.gchc.com.au](http://www.gchc.com.au)



# RADIOLOGY EXPERTS EXPAND OFFERING AT GOLD COAST PRIVATE



Radiologist Dr Ryan Shulman



Radiographer Peter Gentle

## Cardiac imaging at a glance:

*Clinicians have access to a full suite of cardiac imaging services on-site.*

Gold Coast Private's onsite providers of imaging, Queensland X-Ray (QXR) provides a fully comprehensive cardiac imaging service for patients including CT coronary angiograms, calcium scoring, cardiac MRI studies and nuclear medicine cardiac stress studies.

This comprehensive, non-invasive imaging portfolio complements the existing services provided by the Gold Coast Private's cardiac catheter laboratories and offers clinicians a full range of services for their cardiac patients.

Radiologist Ryan Shulman, who specialises in cardiac imaging, said QXR offered cardiac imaging on a 320-slice CT scanner which has the ability to perform a CT angiogram in one cardiac cycle.

"Each scan and service provided is extremely specialised, particularly in the cardiac field," said Dr Shulman.

"We offer CT coronary angiograms to assess coronary arteries using highly sensitive technology that detects calcified and non-calcified atherosclerotic disease and congenital heart abnormalities. It also provides assessment of coronary grafts.

"We also offer Coronary Artery Calcium Score (CACS) studies which can be used to assess asymptomatic patients with low to moderate risk of coronary artery heart disease.

"This calcium scoring is used to direct primary preventative measures for intermediate risk patients or those with a family history of premature cardiovascular disease or diabetes.

"Through nuclear medicine cardiac examinations we can provide gated blood pool studies, myocardial infarct studies and nuclear medicine stress test - all performed and reported by a specialised team of nuclear medicine physicians or dual-trained radiologists.

"Queensland X-Ray is also one of only a few MRI cardiac capable sites on the Gold Coast, offering highly specialised cardiac MRI scans that provide information on myocardial perfusion, valve assessments, examination of tumours and masses or congenital abnormalities, stroke volumes, blood flow and ejection fractions.

"We also perform MRI services on patients with pacemakers in conjunction with the pacemaker company.

- Coronary Artery Calcium Score (CACS)**
- CT Coronary Angiograms (CTCA)**
- Cardiac MRI services**
- Nuclear Medicine:**
  - Gated Blood Pool Studies
  - Myocardial Infarct Studies
  - Nuclear Medicine Stress Test
  - Perfusion Studies

"All cardiac imaging performed at Gold Coast Private is reported by specialist cardiac radiologists and physicians ensuring high accuracy, reliability and confidence in the report."

**For more information contact:**  
**DR RYAN SHULMAN**  
 Cardiac Radiologist  
 Email: [Ryan.shulman@qldxray.com.au](mailto:Ryan.shulman@qldxray.com.au)  
**ANDREW DUNGLISON**  
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 Ground Floor, 14 Hill Street  
 Southport, 4215  
 Ph: (07) 5552 5700  
 Web: [www.qldxray.com.au](http://www.qldxray.com.au)



# Direct Communication Improving Cardiac Outcomes

*“I’ve seen a significant improvement in the condition of heart attack patients arriving at the ECC and there’s no doubt the link between the paramedics and the cath lab is playing a significant role,” said Director of Emergency, Dr Anthony Padowitz.*



**H**ear attack victims are arriving at the Gold Coast Private’s Emergency Care Centre (ECC) with better chances of full recovery thanks to paramedics directly communicating with the hospital’s interventional cardiologists for expert guidance.

Queensland Ambulance Service (QAS) personnel have a phone line that directly connects them to the cardiac catheterisation laboratory (cath lab) during opening hours - or to one of eight interventional cardiologists after hours.

ECC director and emergency medicine specialist Dr Anthony Padowitz said the strategy meant patients suffering ST-Elevation Myocardial Infarction (STEMI), an extremely serious heart attack where one of the heart’s major arteries is blocked, were increasingly arriving at the hospital in “better shape”.

“Early intervention is critical when dealing with heart attacks and the ability for paramedics to remotely liaise with the cath lab team is making a huge difference to patient outcomes,” he said.

“The QAS does an incredible job but being able to not only call on the expert knowledge of our cardiologists while en route to the hospital, but also let us know what is about to come through the door is such a blessing.

“I’ve seen a significant improvement in the condition of STEMI patients arriving at the ECC in the past decade and there is no doubt the direct link between paramedics and the cath lab is playing a significant role.”

Cath lab manager David Millen said the phone line was helping streamline the process of treating STEMI patients - from the onset of symptoms to unblocking arteries.

“When it comes to heart attacks, time is everything,” he said.

“The longer an artery is blocked, the more damage is done to the muscle so if the QAS can communicate directly with the cardiologist, it speeds up the whole process.

“They can discuss the patient’s condition and the best treatment methods, enabling us to provide ‘out-of-hospital’ care so treatment can begin in the field, including the administering of medication.”

The Gold Coast Private’s highly specialised cath lab team works on a roster to ensure it is staffed and ready to go when a STEMI patient arrives at the hospital, no matter what time of day or night.

Mr Millen said the system, as well as having two cath labs, meant patients were able to undergo treatment as soon as they had been examined and escorted through the ECC.

“The gold standard is to have the patient’s artery unblocked 90 minutes from the onset of chest pain,” he said.

“We aim to achieve this critical deadline in all the cases at Gold Coast Private but we also rely on patients calling an ambulance at the onset of pain.

“We have strict protocols in place to ensure patients are admitted and treated as efficiently as possible, starting from the moment the QAS arrive on scene, but to have the best chance of survival you need to make that first call.”

**For more information contact:**  
Gold Coast Private Emergency Care Centre  
14 Hill Street, Southport  
Ph: (07) 5530 0800

# A Catch-Up With Coleman

*“After working throughout many emergency departments in the UK and Australia, the culture and job satisfaction our team enjoys at Gold Coast Private is something that I believe sets our hospital apart,” says Stuart Thompson Coleman.*



**A** cheeky smile, a British accent and animated accounts of his most recent antics makes Stu Thompson Coleman the Nurse Unit Manager (NUM) we can count on to bring charisma and quality care to Gold Coast Private’s emergency department.

Stu, who joined our team at Allamanda in 2012, is responsible for the smooth operation of the Emergency Care Centre (ECC), including training and staff recruitment, patient treatment and clinical services; alongside the strategic planning and implementation of service improvement projects as part of his additional role in the hospital’s senior nursing team.

With over 14 years’ experience in emergency nursing, Stu’s knack for management, leadership and patient-centric-care shines in his vision for the ECC.

“After working throughout many emergency departments in the UK and Australia, the culture and job satisfaction our team enjoys at Gold Coast Private is something that I believe sets our hospital apart,” said Stu.

“The environment is a joy to work in as it’s a wonderfully equipped, purpose-built facility that brings a feeling of friendliness, reassurance and safety for both patients and all service users and this is something I strive to maintain in my role as NUM.

“I hope to consistently produce and lead a team that is happy and inspired in their

workplace, so patients feel reassured that the team looking after them is confident in their abilities to deliver the highest quality care, while ensuring the patient feels valued and included in the different decision making processes during their stay in ECC.

“I believe this is made possible by role modelling and education, so each day I strive to share my knowledge, and mentor and collaborate with staff to facilitate team building and the delivery of the highest quality patient care.”

Stu’s passion is not only evident in his work at Gold Coast Private Hospital, but also outside the emergency room. When he’s not reducing the office to fits of laughter and putting smiles on staff and patients’ faces, Stu is teaching kids the importance of active living and assisting at local surf life saving clubs.

“Seeing how physical activity can help engage children in a healthier lifestyle has inspired me to coach kids athletics and become involved in ‘My Athletix,’ - an organisation that delivers athletics-based school programs to kids across the Gold Coast,” said Stu.

“I have always loved living an active lifestyle and regularly play football - or soccer as the Aussies would call it - and have competed in the Kokoda Challenge as part of the Gold Coast Private Hospital team, Mad Medics, for the last four years.

“This passion for health and an active lifestyle has only increased since working in the industry and I’ve been able to further exercise it through my work at local surf life saving clubs, where I have arranged for free cardiac health checks for elite junior athletes through Gold Coast Private, and facilitate the provision of ‘shark kits’ and first aid items donated by the hospital.

“I love what I do and each day look forward to sharing and applying my knowledge of high quality care and team building, to help the community both in and out of the emergency room.”

Prior to working at Gold Coast Private Hospital, Stu trained in emergency nursing in the United Kingdom before moving to Australia. He has held multiple roles within emergency departments across both the private and public sectors.



LIVE WELL

# Heart Smart Eating



**G**old Coast Private dietitian Fiona Brown explains how 'heart healthy' eating can decrease your risk of Cardiovascular Disease.

There are many risk factors linked to CVD. Many of these can be addressed by adopting a healthy diet and lifestyle plan.

**Risk factors for CVD:**

- Smoking
- Diabetes
- High blood pressure
- Excess weight
- Increasing age
- Kidney disease
- Family history of premature CVD
- Male gender
- High blood cholesterol
- Physical inactivity
- Unhealthy eating
- High resting heart rate
- Depression and stress

**THE FACTS**

In Australia, Cardiovascular Disease (CVD) causes around 50,000 deaths per year – more than any other disease group. The burden of CVD is expected to increase over the coming decades due to our ageing population and increase in some risk factors such as obesity and diabetes.

Eating a well balanced and varied diet is an easy way to give your body and your heart the nutrients it needs to survive and thrive. Feeding your body nourishing food is important at any stage of life but it becomes more critical for disease prevention as we become older.

Choosing to eat heart healthy meals will help promote healthy cholesterol levels, a healthy blood pressure, keep that waistline in shape, improve your mood, give you more energy and lower your risk of chronic illness.

**A HEART-HEALTHY DIET EMPHASIS:**

- Fresh foods over processed foods
- Eat a variety of colourful foods that are primarily plant-based vegetables and fruits
- Wholegrains such as oats, seeded breads, quinoa and brown rice
- Other great sources of protein and fibre include nuts, seeds, legumes, pulses, and lentils
- Increase your intake of foods low in saturated fat, trans fat, and cholesterol:
  - Lean meats and meat alternatives like beans or tofu
  - Fish, vegetables, beans, and nuts
  - Polyunsaturated or monounsaturated fats, like olive oil, nuts, seeds, avocado and fish
- Limit processed foods with partially-hydrogenated or hydrogenated vegetable oils
- Limit salt (sodium) intake and choose foods lower in salt (sodium) and try using herbs and spices to add flavour to foods
- Increase foods high in omega-3 fatty acids, such as oily fish like salmon, tuna, mackerel, herring and sardines
- Aim for 6-8 glasses of water daily

At Gold Coast Private we like to promote healthy eating practices to all our patients. Although a proportion of patients do require a specialised therapeutic diet for reasons associated with their admission, diagnosis or post-surgically to assist with recovery, the promotion of 'heart healthy eating' is encouraged to the majority of patients.

*Our menu incorporates healthy and delicious dishes including the new Buddha bowls enriched with a variety of fresh, colourful vegetables, fibrous wholegrains, good heart healthy fats and lean protein.*



## Pumpkin, Kale and Quinoa Buddha Bowl



Quantity	Ingredients
1 cup	Tri quinoa
250g	Roasted pumpkin
1/4 bunch	Shredded kale
2	Diced tomatoes
1/4 cup	Diced parsley
1/2	Spanish onion
30ml	Alfinas olive oil
20ml	Lemon juice
1	Avocado
50g	Snow peas
1 Tbsp	Sunflower seeds
1 Tbsp	Linseeds
1 Tbsp	Pumpkin seeds
4 Tbsp	Tahini paste
2 tsp	Lemon juice
2 tsp	Tamari
50ml	Water

**METHOD**

- STEP 1:** Bring medium pot of seasoned water to the boil. Add quinoa and simmer for 12 minutes or as per packet instructions until cooked. Strain off water and allow to cool.
- STEP 2:** Dice pumpkin into 10mm cubes, toss with olive oil, season and bake for 10 minutes at 180°C.
- STEP 3:** Chop kale, parsley, tomato and Spanish onions, fold through quinoa with olive oil, lemon juice and season to taste.
- STEP 4:** Cut avocado into quarters and slice into fans. Julienne the snow peas.
- STEP 5:** Place tabouli in bowl and surround with pumpkin, snow peas and avocado. Garnish with seeds.
- STEP 6:** Combine Tahini paste, lemon juice, tamari and water in a jar, shake well and drizzle over salad.





# Paralympian's Natural Birth Miracle

*Melanie Hall has become one of the few women with paraplegia in Australia to deliver a child naturally.*

**M**elanie Hall has done what some people thought was beyond her – delivered a child naturally despite living with paraplegia.

The 41-year-old, who won a bronze medal at the 2008 Paralympics, has become one of the few women with paraplegia in the country to have a natural birth, welcoming Sapphira Jade into the world at Gold Coast Private Hospital on April 28.

Ms Hall has spent more than two decades in a wheelchair after a single vehicle accident at 19 left her with a T12 spinal cord injury.

Now she and fiancé Blair Thompson are celebrating the arrival of their 2730g bundle of joy.

“This has definitely been the most amazing experience of my life,” said Ms Hall, who represented The Gliders, Australia’s women’s wheelchair basketball team, for 15 years.

“Even people I knew assumed I’d have a caesarean and I’d say ‘No, that’s not what I want to do’. Your birth plan is very personal and while I didn’t know how it would happen, I knew I wanted to have a natural birth.

“I’m not aware of anyone else with paraplegia who has given birth naturally and there’s not much information out there in regards to spinal cord injury and pregnancy, but there was nothing that said I couldn’t have a natural birth.

“There were risks to consider but I did my research and it led me to believe even more that it was possible.”

It was a similar case for Grace Private obstetrician Dr Tania Widmer, who was entrusted with ensuring Sapphira’s safe arrival in the world.

“Not all spinal cord injuries are equal and some women have medical conditions that may result in a labor not being safe or there being a significant chance of complications,” she said.

“I researched what those challenges might be and once I discovered there were no medical reasons for Melanie not to have vaginal birth, I was very happy to support her to do so.

“The main issue was her mobility but she has a strong core and the ability to push, so we just suggested ways for her to stay mobile in labor and she was able to use positions women would instinctively go into.

“She was mentally strong, physically amazing and proved it could happen with the right support and information. It was an honour she trusted us to look after her and we’re just thrilled she had such a wonderful birthing experience.”

Ms Hall said Gold Coast Private Maternity manager Judy Ross and her team also ensured she would be comfortable following the birth.

“Judy went above and beyond to ensure there were no hurdles for a person in a wheelchair to have a baby at the hospital,” she said.

“She did simple things like make sure I had a shower chair and organised for an occupational therapist to visit my home so the transition went smoothly.

“The maintenance team even modified the height of a basinet and bathing equipment so I didn’t need help to lift Sapphira or change her nappy in the maternity ward.

“They made it easy for me to just be a mother caring for her child.”

Ms Hall, who met her fiancé in 2014, fell pregnant with Sapphira shortly after representing the Queensland Comets in last year’s Women’s National Wheelchair Basketball League season.

It was the second time the couple had been expectant parents, with Ms Hall having miscarried in 2015.

“When I had my accident at 19 there weren’t really any thoughts of motherhood but as I grew older I really wanted to have a child with someone who loved me for who I was,” she said.

“If you enter a relationship with someone in a wheelchair, you are accepting that as part of your life and my relationship with Blair is one I never expected I would experience. We just have so much love and respect for each other.”

Ms Hall also has a message for people touched by her story.

“There is too much focus on the negative in this world we live in,” she said.

“It’s easy to get caught up in that but I believe the majority of people want to hear about positive things. Even at the time of my accident, people around me were amazed by how positive I was with regard to my injury and I’ve been that way ever since.

“I’d like to think someone can look at me and believe if she can do it, so can I.”

#### For more information contact

Gold Coast Private Maternity Centre

Ph: (07) 5530 0726

Grace Private for Women

Ph: (07) 5594 7632



Melanie Hall and Blair Thompson with baby Sapphira and the specially-modified equipment at Gold Coast Private



Melanie Hall, Blaire Thompson and baby Sapphira with Obstetrician, Dr Tania Widmer and Maternity Manager, Judy Ross



# Born at Gold Coast Private



INTRODUCING  
**Eli Hamish Patching**  
PARENTS KERRY & ASHLEY

Born: 15.6.17 Time: 5.48pm Weight: 4090g



INTRODUCING  
**Fyfe Lawrie**  
PARENTS DREW & HAILEY

Born: 1.12.2016 Time: 8.57pm Weight: 8.1lbs



INTRODUCING  
**Sunny Jordan**  
PARENTS CRISTIE & JACK JORDAN

Born: 05.05.17 Weight: 6.1lbs



INTRODUCING  
**Logan Jones**  
PARENTS LAUREN & BLAKE JONES

Born: 01.01.17 Time: 6.57pm Weight: 3000g



INTRODUCING  
**Harper Clear**  
PARENTS DREW & HAILEY

Born: 5.8.17 Time: 1.00pm Weight: 3370g



INTRODUCING  
**Terrance Taj Thornbury**  
PARENTS JESSICA SALMON & JOHN THORNBURY

Born: 13.07.17 Time: 2.22pm Weight: 3020gms



INTRODUCING  
**Miller Benjamin Hoareau**  
PARENTS SAMANTHA BOULTON & JEAN-LUC HOAREAU

Born: 14.07.2017 Time: 4.23pm Weight: 3550gms



INTRODUCING  
**Olivia Whitfield**  
PARENTS PICH MAO AND ANTHONY WHITFIELD

Born: 6.01.17 Time: 5.35am Weight: 3.14kg



INTRODUCING  
**Aria Rose Fabre**  
PARENTS ALICIA LAWSON & ADRIAN FABRE

Born: 11.10.16 Time: 12.11am Weight: 3460g



INTRODUCING  
**Sebastian Clutterbuck**  
PARENTS BRADEN & TINEKE CLUTTERBUCK

Born: 26.05.17 Weight: 3570g



INTRODUCING  
**William Douglas Patterson**  
JARRARD AND SIANNE PATTERSON

Born: 03.01.2017 Time: 5.53pm Weight: 3.25kg



INTRODUCING  
**Frankie Lyon Faifua**  
PARENTS ALICE AND LUI FAIFUA

Born: 24.2.17 Time: 12.18am Weight: 1.7kg;



INTRODUCING  
**Reginald Scott Muller**  
PARENTS JODIE & SCOTT MULLER

Born: 7.06.2017 Time: 8.42am Weight: 4kgs



## PEOPLE OF THE PRIVATE

# Sarah Moradi

Nurse Unit Manager, Intensive Care Centre

### ? WHAT DO YOU LOVE ABOUT YOUR JOB AND WHY?

Being a nurse gives me the opportunity to help others, and it is also a constant reminder not to take life for granted. People can often go through life without realising how precious it is. Thanks to my work I learnt at an early age, not to take anything for granted.

### ? WHY DID YOU BECOME A NURSE?

When I was nine years old we were living as refugees in Pakistan. I became very ill and I was hospitalised. At the time my Mum was not with us. I remember really missing her and feeling very scared that I would not see her again. The nurses were very caring and kind, they tried their best to make me comfortable. I was so amazed by the nurses and grateful for everything that they had done for me that I decided then and there, I would become a nurse.

### ? DO YOU HAVE A FAVOURITE QUOTE OR PHRASE?

Life has taught me a few things, which I try to share with my family, friends and colleagues. I think my favourite quote would be “there’s no such thing as challenge, it’s just about adapting to new circumstances”. We tend to perceive things as a challenge due to different reasons, our fear for the unknown or the fear of failure. However, as soon as we have adapted to the new situation, the challenge is no longer a fear.

### ? WHAT IS SOMETHING ABOUT YOU YOUR COLLEAGUES DON'T KNOW?

My colleagues have rarely seen me angry, they don’t think I have it in me! But I try to control my emotions and always take a step back and think about how I should respond in certain situations.

### ? HOW DO YOUR FRIENDS DESCRIBE YOU?

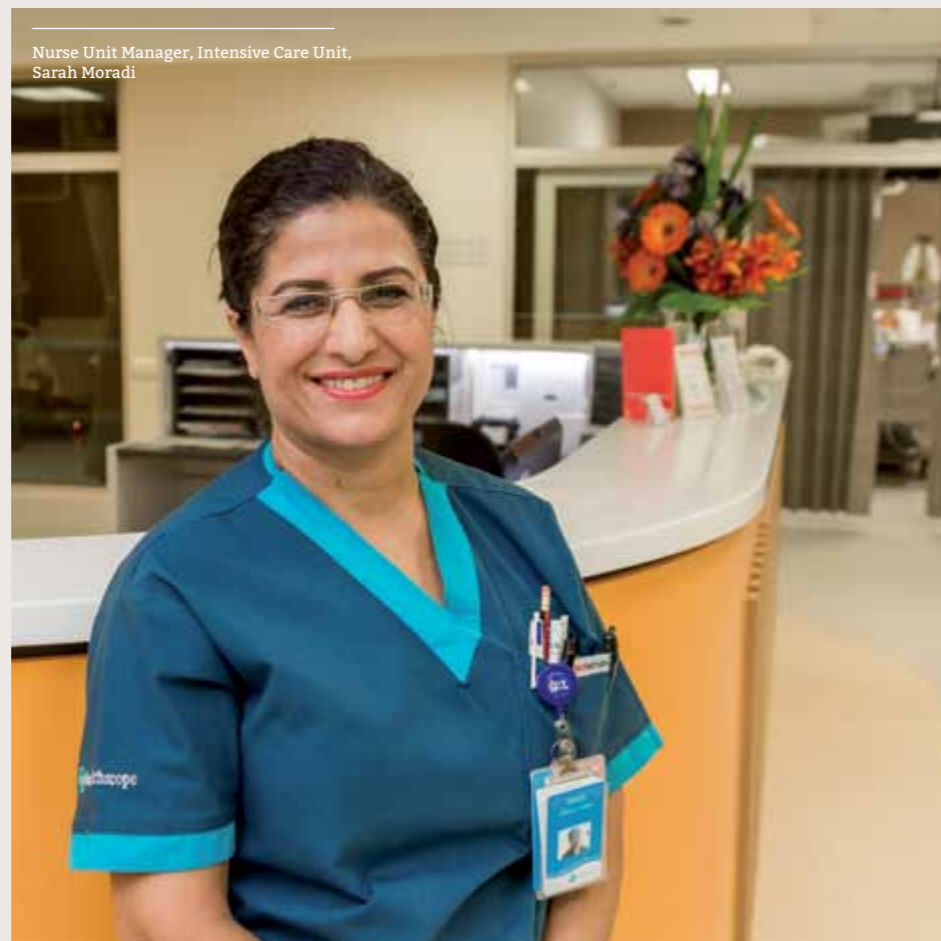
Calm, approachable, friendly, fair, diligent, thorough and a good listener.

### ? WHAT DO YOU DO IN YOUR SPARE TIME?

I love going for walks on the beach with my husband and socialising with family and friends.

### ? WHAT IS SOMETHING YOU WANT TO ACHIEVE THIS YEAR?

My next mission would be to do further studies, however for now, I’m going to focus on my role as Acting Unit Manager.



## PEOPLE OF THE PRIVATE

# Linda Jorgensen

Nurse Unit Manager, Coronary Care Unit

### ? WHAT DO YOU LOVE ABOUT YOUR JOB AND WHY?

I thrive on being able to provide patients exceptional care and constantly improving the quality of patient outcomes. Having the ability to directly have a positive impact on patients and their families through the difficult times is something that I value highly.

### ? WHY DID YOU BECOME A NURSE UNIT MANAGER?

I felt that as a Nurse Unit Manager I would have the opportunity to contribute positively on a larger scale through innovation, mentoring and leadership.

### ? DO YOU HAVE A FAVOURITE QUOTE OR PHRASE?

“Some people are lost in the fire, while others are built from it.”

### ? WHAT IS SOMETHING ABOUT YOU YOUR COLLEAGUES DON'T KNOW?

My first ever job was a dishwasher!

### ? HOW DO YOUR FRIENDS DESCRIBE YOU?

Determined, hardworking, passionate and loyal.

### ? WHAT DO YOU DO IN YOUR SPARE TIME?

I enjoy being out on the boat, travelling and of course, shopping.

### ? WHAT IS SOMETHING YOU WANT TO ACHIEVE THIS YEAR?

I wish to achieve significant progress within the Coronary Care Unit through improved staff satisfaction and quality outcomes. Plus a sneaky holiday to Europe!



# Nurse Claims Gold At Commonwealth Games

*Meet Tony Bonnell, our registered nurse who attentively cares to the needs of our patients by day, and when outside Gold Coast Private Hospital doors, is claiming Commonwealth Gold on the bowling green.*

Tony recently competed in the Para Open Triples Lawn Bowls event at the Commonwealth Games alongside his team mates Ken Hanson and Joshua Thornton. The competitors each attain differentiating balance capabilities, leading them to compete as B6, B7 and B8 players. The gents put years of training to the test in what was a compelling Commonwealth Games fight on home turf – which saw them come out on top and claim gold against New Zealand. Tony, who works in our Intensive Care Unit, said he never imagined he would represent his country on such an elite sporting stage when he picked up his first lawn bowl 20 years ago. “A friend introduced me to lawn bowls for the social aspect and more so for something fun to do - but as my passion grew and the more I played, the more competitive I became,” laughed Tony.

“I joined the Disabled Sports Australia Association and competed in a range of state and national teams, and was selected as part of the Australian squad where I made my Commonwealth debut in Glasgow in 2014.” Tony went on to compete in Multi-Nations and Trans-Tasman competitions with his fellow gold medallist teammates, something he said was humbling leading into his second consecutive Commonwealth Games. “We have developed such a strong friendship and rapport over the years, which was really special leading into the 2018 Games and something I think contributed towards our success,” said Tony.

“It was such an exciting, euphoric and proud moment when we realised we had taken out the gold on our home turf and I couldn’t have imagined achieving this alongside anyone else, or without the support of my family. “My wife and our girls dressed in t-shirts with my photo on them and wore green and gold make-up to every event. It was fantastic to have their support as well as that of the wider community throughout what was one of my most memorable life experiences and greatest achievements.”

Tony Bonnell with wife Serena and children Serenetta and Adella.



## GCP host Healthscope’s largest women’s, obstetrics and children’s health education event

Over 100 general practitioners from across Australia attended our second annual Women’s, Obstetrics and Children’s Health event, where 20 of our leading specialists offered their time to educate GPs in a range of areas from gynaecology to obesity, cancer, paediatric emergencies, obstetrics and a CPR refresher course. Gold Coast Private is the first Healthscope hospital to offer three categories of CPD points in one event, assisting GPs to collect their annual quota needed to keep their credentials. We want to send an extra big thank you to all of our presenters and our gold sponsors QML Pathology and Queensland X-Ray.



## Australia’s Biggest Morning Tea

This sea of pink patty cakes and pretty pastries was a popular place to congregate when we hosted an event as part of Australia’s Biggest Morning Tea. Our lovely volunteers assembled the baked goods and it wasn’t long before there was a queue of people donating gold coins for a good cause while enjoying a morning tea treat.



## Nurses give back on ‘their’ day

It might have been International Nurses Day but our incredible team were only too happy to share the love. Our nurses selected Baby Give Back as their charity of choice and the hospital donated \$2,500 on their behalf. Baby Give Back is a Gold Coast charity organisation that supports local families in need. It’s another example of how tirelessly committed our team of nurses is to helping those in need. From the rest of the hospital community; a very big thank you!

## Learning something new every day

As part of our commitment to the ongoing education of our nurses and the nurses of the future, we had Associate Professor Debra Kiegaldie visit from Melbourne and present her “tips for teaching students in the clinical setting and giving effective feedback”. It was a very informative day and a great chance for our team to learn from one of the best educators in the industry.

## Class of 2018

Congratulations to the 10 ladies who became the first to complete our Graduate Nurse Program - an initiative that gives new nurses hands-on experience and mentorship in a hospital setting. The ‘Class of 2018’ graduated with flying colours and were all offered positions at Gold Coast Private. We’re thrilled that eight of the nurses will be staying with us, while two have chosen to take up regional positions.

## Winners are grinners

Maternity Manager Judy Ross and Nurse Unit Manager Bernie Stark won our most recent 8 Week Challenge - proving they are not only dedicated to the health and wellbeing of others, but also to their own. Well done ladies, and well done to all those involved who committed themselves to early mornings and tough workouts in the name of health and fitness!





# Gold Coast

PRIVATE HOSPITAL

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 (07) 55 300 300

 [goldcoastprivate.com.au](http://goldcoastprivate.com.au)

 [goldcoastprivate](https://www.facebook.com/goldcoastprivate)

*Our family, caring for your family - for life!*

