

THE PRIVATE

ORTHOPAEDIC EDITION

CELEBRATING YEAR OF
THE NURSE AND MIDWIFE

FOCUS ON EDUCATION
SETTING HOSPITAL APART



GC-FIRST PRIVATE
DEDICATED PAEDIATRIC
ORTHOPAEDICS

NEW CERVICAL SCREENING
PROGRAM INCREASING
COLPOSCOPY REFERRALS

ISSUE 6

 Gold Coast
PRIVATE HOSPITAL



Scarlett Bell and Indiana Wise

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Gold Coast Private Hospital
 14 Hill Street, Southport Q 4215
 P (07) 55 300 300
 E gcpmarketing@healthscope.com.au



David Harper - State Manager Queensland, Western Australia, Northern Territory.



Gold Coast Private has enjoyed some big achievements despite the challenges we've faced so far in 2020.

Our team has been working hard in the GP Education space, creating and producing digital RACGP-accredited fortnightly education programs for GPs to gain their mandatory CPD points. These events are run live and on-demand and are proving exceptionally useful and popular.

We were also extremely proud of our patient satisfaction results which continue to improve and were again outstanding, putting our hospital in the 'World Class' category with 93.9% of the 868 patients surveyed giving us top marks.

Since Covid-19 restrictions were lifted on elective surgeries in June, there has been a huge collective effort from our team as we moved to accommodate as many patients as possible and minimise further wait times. As a result, we have seen some of our highest daily surgical case numbers since opening in 2016. Thank you to everyone who was involved across all departments as you played a significant role in the organisation, clinical outcomes and care for our community.

I want to thank everyone for their dedication and patience during these unprecedented times. As the former Gold Coast Private General Manager and new Queensland State Manager, I couldn't be more proud of how our team has pulled together, our staff have adapted and cooperated, and mostly, how we've supported each other through the challenges.



Gold Coast Private Hospital, Parklands, Southport

CONTRIBUTORS // AMY DUNCAN – THE INK REFINERY (@theinkrefinery);
 BRAD WAGNER – BRAD WAGNER PHOTOGRAPHY (@bradwphoto);
 KARLA SIMPSON – PROMEDIA (karla@promedia_pr);
 KIT WISE PHOTOGRAPHY (@wisephotographygc)



YEAR OF THE NURSE AND MIDWIFE

“Our dedicated team of nurses and midwives is the beating heart of our hospital”

The World Health Organisation (WHO) has named 2020 'Year of the Nurse and Midwife', encouraging a 12-month effort to celebrate the work of nurses and midwives, highlight the challenging conditions they often face, and advocate for increased investments in the nursing and midwifery workforce.

According to WHO, nine million more nurses and midwives are needed across the world if we are to achieve universal health coverage by 2030.

Gold Coast Private is helping to spread the message by putting some of our valued nurses and midwives in the spotlight to remind the community of the vital role nurses and midwives play in providing health services - a role that has become even more crucial during the Covid-19 pandemic.

Director of nursing Debra Billington said the year-long celebration was a great opportunity to recognise the nurses of yesterday, today and tomorrow.

“This gives us an opportunity to pay tribute to our former nurses and midwives whose contribution helped bring us to where we are today; to celebrate with pride the dedication and ambitions of our current nurses and midwives; and to look to the future as we educate and nurture the nurses of tomorrow,” she said.

“Our dedicated team of nurses and midwives is the beating heart of our hospital – consistently providing exceptional patient care and quality clinical outcomes.

“While we are always grateful for their service, we’re only too happy to commemorate Year of the Nurse and Midwife by saying an extra big thank you to all the nursing community.”

The WHO commemoration marks 200 years since Florence Nightingale, the founder of contemporary nursing, was born.

“Florence Nightingale is arguably history's most famous nurse,” said Ms Billington.

“We reflect on the way in which Florence's selfless acts continue to resonate with nurses across the globe, and are grateful to our team for carrying on her legacy with compassion, commitment and excellence.”

Keep an eye out on Gold Coast Private's Facebook and Instagram pages for the 'Exceptional Nurse or Midwife Profiles'. You can also find some of page 33 of this magazine.

Above: Karen Hering, Mario Hughes, Helen Truscott, Kelly Harland, Vicki Campagnolo, Penny Heber, Monique Hay, Bethany Patton



EDUCATION

“Gold Coast Private has a reputation for having a great staff culture and providing people with opportunities to grow and develop”

Back: Kristie Rushmore, Kelly Johnston, Sophie Harper, Kara Anning; Front: Ann Walsh, Cassandra Kowalski, Sally Ryan, Melissa Yu, Mel Blume

IN FOCUS: EDUCATION

Gold Coast Private is investing heavily in the ongoing education and professional development of staff and students, ensuring everyone has access to programs and courses designed to enhance their skills and advance their career.

The hospital's commitment to staff education has seen the creation of an entire 'education team' comprising 10 nurses, educators and facilitators focused on the coordination and delivery of programs across different sectors including diabetes, wound care and intensive care.

Staff also have access to seminars run by experts like Ann Murray on topics such as managing stress and resolving conflicts to help improve overall work satisfaction.

Funding for higher education programs through the University of Tasmania is also available for all staff; while graduate nurse programs have been significantly expanded, giving on-the-job training with financial support from Gold Coast Private enabling staff to complete Graduate Certificates at no cost.

Gold Coast Private director of nursing Debra Billington said up-skilling staff and providing education opportunities was part of the long-term plan to become recognised as a tertiary hospital.

“Gold Coast Private has a reputation for having a great staff culture and providing people with opportunities to grow and develop either in their own role, or transition into a new role through supported career pathways within the organisation,” she said.

“Providing these opportunities helps attract and retain quality staff who value a supportive work environment and understand the importance of continually training in current, best-practice and evidence-based techniques.

“This also attracts the best doctors who want to work with skilled teams, ultimately resulting in better care and outcomes for our patients.”

Ms Billington said the hospital's education team had grown significantly over the past few years and there were plans to expand it further.

“When we moved to Gold Coast Private from Allamanda, we had one educator who worked part-time and now we have an entire team - many of whose roles are dedicated solely to training and education,” she said.

“While we are already covering a vast number of areas we are continuing to grow and have plans to introduce education coordinators into additional areas including cardiac services, as well as continuing in-house training for advanced life support and paediatric advanced life support.

“We have also created a dedicated office for our educators to work from to make it easy to share ideas and improve communication for better outcomes.”

MEET THE TEAM

- Perioperative Services – Mel Blume, Julie Hoph, Sharon Curtis Flynn
- Recovery and Pain Services - Kelly Johnston
- Wound Care – Sophie Harper
- Surgical – Kara Anning
- Medical and Emergency - Melissa Yu
- Nursing and Medical Students Facilitator – Cassandra Kowalski
- Graduate Programs – Sally Ryan
- Intensive Care – Kirstie Rushmore
- Diabetics – Ann Walsh



L to R: Mel Blume, Kelly Johnston, Sophie Harper

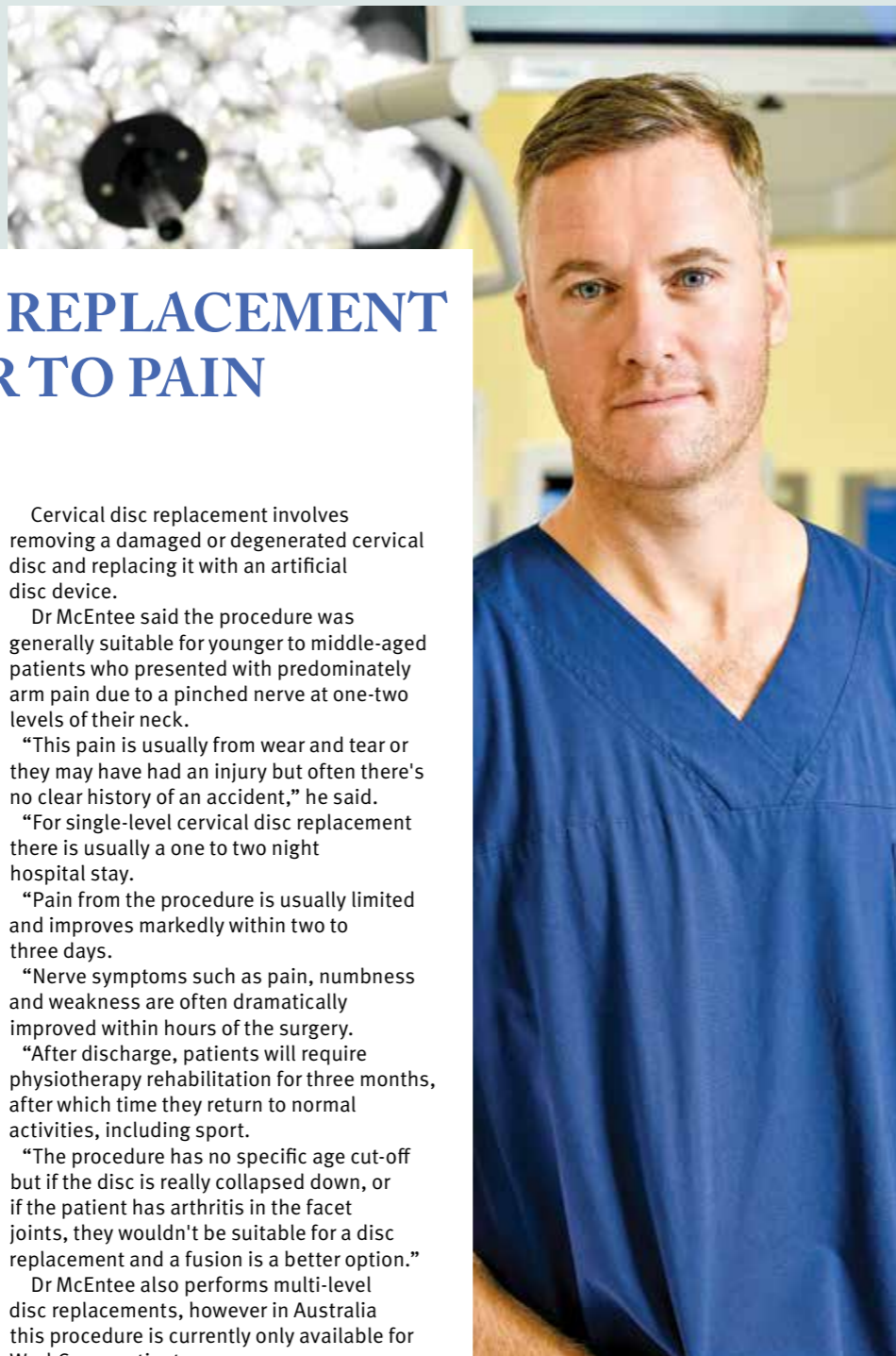


L to R: Kara Anning, Melissa Yu, Cassandra Kowalski



L to R: Sally Ryan, Kirstie Rushmore, Ann Walsh

DR LAURENCE MCENTEE



CERVICAL DISC REPLACEMENT CAN BE ANSWER TO PAIN IN THE NECK

Cervical disc replacement can be life changing for those suffering relentless and ongoing pain from a pinched nerve in the neck.

Yet Gold Coast Private orthopaedic spinal surgeon Laurence McEntee said while neck and arm pain were common and cervical disc replacements yielded good outcomes, only a small percentage of patients referred to him are operated on.

“Most of the time GPs refer to me for an opinion and in the majority of cases patients don’t require surgery,” said Dr McEntee.

“Instead, I give advice and reassurance that non-operative care through physiotherapy or nerve steroid injections should lead to resolution of symptoms.

“If the pain hasn’t settled in three months using conservative methods, or if the patient gets marked weakness or muscle wasting, I would look at surgical disc replacement.”

Dr McEntee, who specialises in spinal disc replacement surgery and is an Assistant Professor at Bond University, said cervical disc replacement had many benefits over traditional fusion methods, which often led to unwanted future operations.

“Fusion puts more stress on the levels above and below the fused disc so the chances of needing to operate on those adjoining discs in the future are higher,” he said.

“The ability to replace the disc, rather than fuse it, also means you don’t lose movement in the neck which helps patients get back to normal sport and activities.

“Cervical disc replacement also allows for a quicker recovery as there is no need to wait for something to fuse; and it also eliminates the risk of it not fusing.”

Cervical disc replacement involves removing a damaged or degenerated cervical disc and replacing it with an artificial disc device.

Dr McEntee said the procedure was generally suitable for younger to middle-aged patients who presented with predominately arm pain due to a pinched nerve at one-two levels of their neck.

“This pain is usually from wear and tear or they may have had an injury but often there’s no clear history of an accident,” he said.

“For single-level cervical disc replacement there is usually a one to two night hospital stay.

“Pain from the procedure is usually limited and improves markedly within two to three days.

“Nerve symptoms such as pain, numbness and weakness are often dramatically improved within hours of the surgery.

“After discharge, patients will require physiotherapy rehabilitation for three months, after which time they return to normal activities, including sport.

“The procedure has no specific age cut-off but if the disc is really collapsed down, or if the patient has arthritis in the facet joints, they wouldn’t be suitable for a disc replacement and a fusion is a better option.”

Dr McEntee also performs multi-level disc replacements, however in Australia this procedure is currently only available for WorkCover patients.

FOR MORE INFORMATION CONTACT:

Dr Laurence McEntee
Pacific Private Clinic
Suite 5B, Level 6, Southport, QLD 4215
P: (07) 5613 2065
E: info@drlaurencemcentee.com.au

“Most of the time when patients are referred for an opinion they don’t require surgery”

DR LOCHLIN BROWN



CORRECT DIAGNOSIS KEY TO A QUICK RETURN TO THE SPORTS FIELD

Prompt and correct diagnosis is critical when it comes to recovering from a significant sports injury and returning to the field sooner rather than later, says Gold Coast Private orthopaedic surgeon, Dr Lochlin Brown.

Dr Brown, who specialises in sports knee, general knee, hip replacement and trauma surgery, said time was critical when it came to management of an injury, with misdiagnosis the biggest risk to an athlete’s recovery.

Dr Brown said semi-professional and ‘weekend’ sportsmen and women were at the greatest risk.

“One of the first things a professional sportsman or woman wants to know is when can they return to sport after an injury,” he said.

“Most elite athletes have an entire specialist team working with them, so misdiagnosis is rare. It is the semi-professional or amateur sports person that this is more likely to happen to.

“Often they won’t get a specialist to look at their injury, like a knee joint for example, so they either undergo inappropriate

investigations which won’t find what they need to, or they won’t undergo any investigation at all thinking it’s just a ‘strain’.

“In this instance, players can go weeks in pain and the injury will become increasingly difficult to treat making full recovery far less likely.”

Dr Brown said it was important not to play through an injury.

“If something is causing pain while on the field it is vital to stop playing and have it looked at immediately,” he said.

“A delay in treatment can be detrimental to recovery and this can have an impact on other things, like return to work,” he said.

Dr Brown said knee and ankle injuries were extremely complex in nature, and it was best to leave treatment to the specialists.

“Every person and injury is different, so there’s no one-size-fits all approach,” he said.

“A specialist will be able to address your injury and tailor your treatment to your individual needs. Getting the right treatment will give you the best chance of a full recovery.”

“It is the semi-professional or amateur sports person who are at greatest risk of misdiagnosis”

FOR MORE INFORMATION, PLEASE CONTACT:

Dr Lochlin Brown
Pacific Private Clinic
Suite 8, Level 6, 123 Nerang Street
Southport, QLD, 4215
P: (07) 5528 5705
F: (07) 5532 4341
E: reception@drlbrown.com.au



DR PRICE GALLIE

“The larger graft diameter has been shown in studies to reduce the chance of re-rupturing the graft in the future”

ACL RECONSTRUCTION IN 2020

No other letters strike fear into a sportsman following a knee injury like 'ACL', but an innovative technique by a Gold Coast Private lower limb surgeon is helping change that.

Dr Price Gallie offers an “all-inside” arthroscopic ACL reconstruction using a shorter graft with a wider diameter that allows an accelerated recovery and may reduce the risk of re-rupture.

Dr Gallie also uses a variety of grafts including the patellar tendon, quadriceps tendon and allograft (donor tendon), alongside the traditionally-used hamstring - matching the graft to the patient, rather than the other way around.

He said with advanced surgical techniques and training programs to help prevent ACL tears, the injury need-not be feared like it once was.

“Historically, rupture of the anterior cruciate ligament (ACL) was a devastating, career-ending injury for athletes and sportsmen with poor diagnosis, limited surgical options and a painful and lengthy recovery process,” said Dr Gallie.

“Preventative measures of developing appropriate muscle strength and encouraging safe movement patterns means we can significantly reduce the number of ligament tears - which has been particularly relevant in the vulnerable teenage group.

“We have also seen a significant improvement in the detection of ACL tears which has come about through better knowledge and education, as well as easy access to MRI scans in the setting of acute knee injuries.”

Dr Gallie said while preventative programs could lessen the severity of the injury, surgical technique played the most important role in the success or failure of ACL reconstructive surgery.

“With ACL reconstruction, we aim to restore normal movement and function, which is why I pioneered the introduction of the “all-inside” technique using the TLS® system,” he said.



Above: Dr Price Gallie

“The system facilitates precise placement of the graft, and with robust fixation, it also allows us to implant a thicker, stronger, and more rigid graft.”

Traditional ACL reconstructions use two hamstring tendons; while the short graft TLS® technique uses only one hamstring and wraps it four times to create a shorter, larger diameter graft.

It is then fixed in place inside the bone with a screw-tape interface which is up to three-times stronger than traditional fixation methods.

“The larger graft diameter has been shown in studies to reduce the chance of re-rupturing the graft in the future,” said Dr Gallie.

“The robust fixation also allows us to have an accelerated early rehabilitation recovery, so patients can now walk independently within hours of the surgery, avoiding splints and crutches.”

More recently Dr Gallie has focussed on other graft choices and is currently studying the use of the peroneus longus tendon with very promising outcomes.

“We need to treat each patient on an individual basis rather than doing the same generic operation for everyone,” he said.

“Our goal is not only to return to previous level of sporting activity and performance, but also prevent reinjury in the longer term.”

FOR MORE INFORMATION CONTACT:

Dr Price Gallie
Coast Orthopaedics
Pacific Private Clinic
123 Nerang Street, Southport
P: (07) 5591 3454

Father and daughter orthopaedic surgeons, Drs David and Annabelle Stabler are now working under one roof. Dr Stabler says “welcoming my daughter Annabelle into orthopaedic practice is my greatest joy”.



DR DAVID STABLER

JOINT REPLACEMENT GIVING NEW LIFE TO ARTHRITIS SUFFERERS

Arthritis can be a normal part of ageing but for people whose quality of life is impacted, treatment such as surgery is readily available.

Joint replacements, including those in the shoulder, elbow, wrist and hands, can have life changing outcomes, enabling people to get back to doing the things they love - like handicrafts or golf.

Gold Coast Private upper limb surgeon David Stabler said once people had to stop doing things they enjoyed, or were having difficulty with every day tasks, they should be referred to an orthopaedic surgeon.

“A referral to a surgeon does not have to be in the late stages of arthritis once surgery is absolutely necessary; we are very happy to see people just for an opinion and to give advice,” he said.

“Giving opinions and advice is a big part of my practice. I don't operate on anyone until they absolutely need it.

“For those who are at the stage where thumb joint or finger replacement is necessary, for example, the surgery has good, long-lasting outcomes that make patients more comfortable and gives them an improved quality of life.”

Dr Stabler said women over 50 were the most likely to suffer from debilitating arthritic hands due to their ongoing domestic duties.

“While men tend to slow down once retired, women usually continue with household chores like ironing and washing which takes its toll on their hands,” he said.

“To this end, it is mostly women who suffer from arthritic hands and who have to give up the things they love, unless they get the right medical attention.

“Almost everybody gets some arthritis as they age, but it's important to remember that it doesn't really matter what the x-rays look like, it's how disabling or debilitating the symptoms are which determine whether or not they need joint replacements.”

Dr Stabler has been replacing upper limb joints on the Gold Coast for more than 35 years, starting in 1984, and has seen many improvements in the prosthetic components and surgery results in that time.

“I've seen a lot of change on the Gold Coast over my decades of practice - most notably the increase in the number of orthopaedic surgeons, which has jumped from about eight or nine in the mid-80s to about 70 now,” said Dr Stabler.

Having spent nearly 30 years involved in the leadership or administrations of industry bodies like the Queensland and Australian Hand Surgery Societies and the Australian Orthopaedic Association, Dr Stabler has now pulled back from these commitments to concentrate on his practice.

“I am really enjoying my practice work; so much so that I am going to continue for the foreseeable future,” said Dr Stabler.

“My greatest joy, however, is welcoming my daughter Annabelle into orthopaedic practice.”

FOR MORE INFORMATION PLEASE CONTACT:

Dr David Stabler
132 Queen Street, Southport
P: (07) 5591 1666
F: (07) 5591 4552
E: admin@drstabler.com.au

QUESTIONS TO ASK YOUR PATIENTS:

- Is there anything you can't do?
- Is there anything you don't like doing?
- Is there anything you've had to give up?

If your patient answers 'yes' to any of these questions, a referral to an orthopaedic surgeon is recommended.

DR ANNABELLE STABLER

GROWING KIDS- WHAT'S NORMAL AND WHAT'S NOT?

Caring for kids is not the same as treating adults in orthopaedics as children have different proportions and they grow.

Limb bones have physes, or growth plates, which adds unique challenges and benefits compared with managing adults.

Dr Annabelle Stabler, the Gold Coast's first private orthopaedic surgeon dedicated to paediatrics, said it was important to remember that it was not just little bodies that were growing, but little minds too.

“A child's ability to manage any change in their environment or follow a rehabilitation plan is completely different to an adult's so the ability to care for children in a specialised, child and family-focused setting, makes a big difference,” she said.

Recently returning from working in the United Kingdom, Dr Stabler said kids' bones had a large capacity for remodeling and a fractured bone would often straighten out with growth.

However she said an injury to their growth plate could result in progressive deformity and the patient needed to be monitored over an extended period.

“In a young child with plenty of growth remaining, this deformity could be quite significant over time and often further surgical management is needed,” she said.

Dr Stabler said GPs played an important role in screening kids who presented with abnormal growth throughout childhood.

“The shape of a normal child's legs change as they grow - babies start out very bow legged, straighten around 18 months and then by preschool tend to be quite knock-kneed,” she said.

“We generally consider a child who is bow-legged after the age of two or significantly knock-kneed after the age of seven to warrant further assessment and potentially treatment.

“Angular deformity can sometimes be a sign of a wide variety of problems.”

Dr Stabler also has a particular interest in looking after children with hip problems, including babies with dysplastic hips, older children with Perthes and SUFE and children with neuromuscular conditions such as Cerebral Palsy.

She said the most common cause of young adults needing hip salvage surgery or hip replacements was from problems during childhood.

“Early diagnosis and treatment can minimise problems in later life,” said Dr Stabler.

“With developmental dysplasia of the hip and neuromuscular hip conditions in particular, screening and early non-operative intervention can make a huge difference for many children.”

Dr Stabler said paediatric orthopaedics as a sub-specialty was unique.

“In some circumstances surgery is certainly needed acutely and really is the best option,” she said.

“For many childhood conditions though, surgery may not be needed straight away or at all. There are often other treatment options such as splinting or exercises that may be beneficial.

“Some of my patients with significant medical conditions will be under paediatric orthopaedic care throughout their childhood so we get to know the child and their family very well.

“It is a really special part of my role to see these kids grow up and achieve.”

FOR MORE INFORMATION PLEASE CONTACT:

Growing Kids Orthopaedics
Lister House, 132 Queen Street, Southport
P: 1300 17 17 10
E: admin@growingkidsorthopaedics.com.au



Indiana Wise and Dr Annabelle Stabler

DR DANIELLE WADLEY

“Ankle replacement has the advantage of improved gait pattern and aims to retain some range of motion”

STRIDES MADE IN TREATMENT OF ANKLE ARTHRITIS

Treatment for ankle arthritis has taken a step forward, with improved outcomes for joint replacement surgery instead of traditional fusion procedures, according to orthopaedic foot and ankle surgeon Danielle Wadley.

Dr Wadley said while other orthopaedic procedures, such as hip and knee replacement surgery, had shown successful outcomes for many years, the complexity of the ankle joint required a different approach.

She said recent results were promising, with newer designs, improved techniques and understanding the importance of the foot position and careful soft tissue balancing.

“Ankle arthritis has significant morbidity and the resulting pain and stiffness has, up until more recently, been poorly understood,” she said.

Dr Wadley said the ankle joint could lose its cartilage covering usually following injury, but also after infection, wear and tear or related to systemic disease such as rheumatoid arthritis.

She said there were several conservative methods of treatment that should be exhausted before surgery is considered.

“Restricting high impact and pain provoking activities combined with supportive footwear and using an ankle brace should be tried before considering surgery,” she said.

“Once the pain can no longer be controlled this way or with over-the-counter medications, surgery is usually the next step.

“When non-surgical pain management failed, we would traditionally consider fusion as the surgical option, as a pain relieving procedure.

“With emerging techniques we are now seeing lower failure rates and improved longevity of the prosthesis.

“Ankle replacement has the advantage of improved gait pattern.

“It is important to note that replacement surgery is primarily for pain relief, and although is not necessarily going to improve range of motion, it aims to retain some degree of range of motion.”

Advances include more revision options available when patients undergo a replacement, which is important in joint replacement surgery.

“The procedure usually takes several hours, patients stay in hospital about three nights and will generally be on crutches or knee scooter for two weeks,” she said.

“The wound is reviewed and if progressing well, the patient may commence weight bearing in a boot, initially when standing only.

“The transition from boot to shoe may commence at six weeks, with ongoing outpatient rehabilitation.

“Occasionally patients may require inpatient rehabilitation.

“Patients can usually return to light normal activities after approximately 8 to 12 weeks.”

In addition to ankle replacements, Dr Wadley also offers minimally invasive bunion surgery.

FOR MORE INFORMATION PLEASE CONTACT:

Dr Danielle Wadley
Spine Centre
Level 1
151 Smith Street
Southport QLD 4215
P: 1300 105 464
F: (07) 5641 7886
W: www.salusfootsurgeon.com.au
E: info@salusfootsurgeon.com.au

Above: Dr Danielle Wadley

DR NEIL CLEAVER

FINDING A SUCCESSFUL TREATMENT FOR BACK PAIN

Back pain relating to the spine can be one of the most complex issues to treat, but South Coast Spine surgeon Dr Neil Cleaver has been successfully performing disc arthroplasty to improve the condition for more than a decade.

Dr Cleaver said there were a number of other treatment options for back pain, but many remained controversial, including spine devices that preserve motion, spinal fusion and non-surgical alternatives.

He said while non-surgical alternatives were preferable in the treatment of back pain, they did not always work.

“When the problem is mechanical, often the best solution is also mechanical so in some cases, surgery is unavoidable,” said Dr Cleaver.

“Disc replacement surgery to treat back pain is not a new concept, but the technology behind prostheses is constantly developing and I perform the surgery using the latest and most modern options.

“The ESP disc prosthesis is made in France with military technology and is recognised as the prosthesis that most accurately mimics the kinematics of a native disc.

“Modern retractors and light sources mean the LP-ESP for the lumbar spine and CP-ESP for the cervical spine can be implanted with minimal trauma to the patient.

“Newly designed inserters mean all discs in the lumbar spine can be accessed via minimally invasive incisions.

“Newly designed inserters mean all discs in the lumbar spine can be accessed via minimally invasive incisions”

“Access surgeons or vascular surgeons are now rarely needed, even for the higher levels in the lumbar region, because of this minimally invasive approach.”

Dr Cleaver said unwavering pain from the spine could significantly disrupt day-to-day function, and if standard treatments had failed, patients should consider disc arthroplasty.

“Disc arthroplasty is recognised as a valid means of treating intractable back pain when radiographic investigations indicate the pain is originating from degenerating discs,” he said.

“Success from this type of treatment is defined as significant pain relief, maintenance or improvement in neurologic status, and when there is no severe device-related adverse event.

“Published results describe significant pain relief as being 50 per cent improvement, and this is what we see in our clinic, or better, on a regular basis.”

Dr Cleaver said scientific measures aside, his clinic defined success as meeting patient expectations – which could vary greatly.

“Success to one individual might be pain relief, whereas for another it might be they no longer need to hire a wheelchair,” he said.

“I am dedicated to managing and helping patients whose expectations have not been met, for whatever reason, and also understand that financial considerations are almost as important as clinical ones.

“With this in mind, in many cases we can actually offer disc arthroplasty surgery at ‘no gap’ to our patients, provided their health fund covers the MBS item numbers that describe the surgery.”

FOR MORE INFORMATION CONTACT:

South Coast Spine – The Spine Centre
151 The Smith Street Motorway
Southport, QLD, 4215
P: 1300 000 151
F: 1300 000 152

Above: Dr Neil Cleaver



DR SONJA SCHLEIMER

Above: Dr Sonja Schleimer

KEYHOLE TECHNIQUES GETTING PEOPLE BACK ON THEIR FEET

“Minimally invasive surgery allows patients to mobilise immediately following the procedure”

Minimally-invasive techniques in bunion surgery are relatively new to Australia but foot and ankle surgeon Sonja Schleimer has years of experience after training in Paris under one of its pioneers. “MIS bunion surgery evolved in Europe over the last 15 years but it has only been available in Australia for about the last five years or so,” said Dr Schleimer.

“I was very fortunate to spend some time operating with Dr Oliver Laffenetre who was heavily involved in developing and evolving MIS techniques for forefoot surgery.

“I observed the benefits of this method of bunion surgery during my time in Paris and I have found that my patients have a much more predictable and speedy recovery when compared to standard open procedures.”

Dr Schleimer said one of the biggest benefits of minimally invasive bunion surgery was it allowed patients to mobilise in the immediate post operative phase.

“The surgical cuts are much smaller than with a traditional bunionectomy so pain and swelling are much less, and patients are able to mobilise independently immediately following surgery resulting in less down time,” she said.

Dr Schleimer said minimally invasive methods could also be used for high risk patients, like those with diabetes, where the large cuts from traditional methods would be too risky for infection.

“Minimally invasive surgery is generally a well tolerated procedure for patients - not just for those undergoing bunion surgery, but for other foot and ankle corrections as well,” she said.

“Keyhole techniques are continuing to evolve and are proving beneficial for a myriad of foot and ankle procedures, including fusions of the great toe, corrective osteotomies as well as osteectomies.”

Dr Schleimer said it was important to remember not all conditions required surgery and she was happy to be referred patients to discuss non-operative measures.

“Hallux valgus and hallux rigidus are some of the most common forefoot deformities and one that we have several non-surgical measures which may reduce pain, including bracing and shoe modifications,” she said.

“GPs should look at referring to a specialist when the patient has issues with the fit of their shoe, skin problems or pain with mobilisation.

“Only after all non-operative measures are exhausted, and if the patient’s condition is affecting their quality of life, would we consider surgery.

“For patients who require surgical intervention, they can expect immediate mobilisation in a post-operative shoe, which is worn for an average of six weeks.

“When satisfactory bony union is achieved around the six week mark, patients can wear back into normal shoe wear and activities including running.”

FOR MORE INFORMATION CONTACT

Dr Sonja Schleimer
The Gold Coast Centre for Bone and Joint Surgery
14 Sixth Palm Beach Ave, Palm Beach, QLD 4221
P: (07) 5598 0094 E: drsschleimer@gccbjs.com.au

PROF RANDY BINDRA



“Preservation of length, contour, sensation and function is of the utmost importance”

LITTLE THINGS IN LIFE CAN MATTER THE MOST

The fingertip is a sensitive organ that keeps us in touch with our surroundings, can tell hard from soft, hot from cold and can tap a text message to a friend - so while fingertip injuries may seem innocuous, if they heal incorrectly, they can seriously affect hand function.

This is why hand surgeon, Randy Bindra, goes to great lengths to preserve them.

Professor Bindra said it was important to get specialist treatment for finger injuries because if they did not heal correctly they could cause lifelong problems with loss of sensitivity, painful hypersensitivity, cold intolerance and abnormal nail growth.

“With the right care, finger injuries including the tip, can be salvaged and restored - without it, these injuries can become a nightmare,” he said.

“In the past, fingertip injuries would simply be treated with amputation.

“If the finger was crushed, it would be cut off, or at least cut back to make it shorter.

“In my experience, preservation of length, contour, sensation and function is of the utmost importance, especially for patients who use their hands for fine tasks or play a musical instrument.

Above: Dr Randy Bindra

“The good news is, due to improved surgical techniques and medical advances, such as artificially engineered skin, we can grow back lost tissue on fingers that would otherwise need amputation, so it is important to get specialist treatment as quickly as possible.”

Prof Bindra said hand trauma was usually not life-threatening so treatment for a fingertip injury may be delayed in busy trauma centres where major injuries took priority, or in smaller country hospitals where specialist care and techniques may not be available.

He said the majority of hand injuries occurred at the workplace and accidents continued to happen in spite of strict occupational health and safety standards.

“Fortunately, people injured at work can seek the opinion of a specialist hand surgeon,” said Prof Bindra.

“It is important for people being treated under WorkCover to know they can request approval for private hospital care by a specialist, which can mean the difference between finger preservation and amputation.”

Prof Bindra said fingertips were prone to injury as they were often the last to be pulled from harms’ way.

“They can get crushed in a door, cut on a shard of glass or struck when catching a ball,” he said.

“After an injury patients should support the finger by wrapping it with neighbouring ones, cover the hand with a clean bandage or cloth and elevate the hand to minimise bleeding.

“If part of the skin or end of the finger is completely cut off, place it in a clean water-tight bag and place the bag in iced-water for transportation to the hospital.”

Prof Bindra said people tended to take fingertips for granted, overlooking how much we use them.

“I make every effort to maximise the restoration of normal anatomy and work with hand therapists to restore function,” he said.

“Ultimately you want the fingertip to be sensitive enough so you can feel what you are touching, yet strong enough so you can pinch something without it being painful.

“Achieve that and you have attained the best outcome.”

FOR MORE INFORMATION CONTACT:

Professor Randy Bindra
Gold Coast Private Hospital Specialist Suites
14 Hill Street, Southport, QLD 4215
P: (07) 5530 0770
W: www.randybindra.com.au

DR ANDREW LETCHFORD

ROBOTIC SURGERY IMPROVES HIP AND KNEE JOINT REPLACEMENT ACCURACY

Gold Coast Private has advanced state-of-the-art robotic technology giving surgeons the option of performing robot-assisted surgery in the areas of orthopaedics, ENT and neurology.

Orthopaedic lower limb surgeon, Andrew Letchford, offers robotic surgery for hip and knee joint replacement, giving him the ability to more accurately plan and execute surgical plans in the operating theatres at Gold Coast Private Hospital.

Dr Letchford said the use of robotic technology was a surgical evolution from computer navigation of joint replacements that had helped him get a more uniform outcome for his patients, particularly in respect to knee replacement surgery.

“Robotic assisted surgery has only been available in Australia since 2016. We await joint registry confirmation of the full impact of this technology, however, we are definitely seeing improvements in the performance of partial knee replacement surgery,” he said.

“In my hands, I’ve certainly found a much more uniform, reliable outcome for my patients in the post operative phase.

“Computer navigation has been around for many years and with the addition of robotic technology we have now developed ways to finely balance a joint replacement in real surgical time.

“The advantage of robotic surgery is it allows us to tether the pre-planned navigation to a robotic arm and cutting blade, enabling three dimensional micro adjustments of implant placement to reduce soft tissue trauma and compromise.”

Dr Letchford said the ability to make these micro adjustments meant he could better balance the knee joint and this translated to more reliable outcomes and satisfied patients.

“For partial or total knee replacements, the robotic guidance and plan execution helps me balance the surrounding joint ligaments, which is of critical importance because a balanced knee means a more comfortable outcome,” he said.

“For hip replacements, positioning of the implants accurately is critical because having the acetabular socket accurately placed relative to the femoral component, reduces the risk of dislocation.

“The robotic technology also gives me very good feedback in relation to hip length, which decreases the risk of leg length inequality that can otherwise lead to things like gait and walking problems and spinal issues.

“The robotic planning assists in accurately reconstructing the individual’s original anatomy, countering for the disease process which can lead to leg shortening. So we are able to increase the length of the arthritic hip to match the other leg.”

“The robotic planning assists in accurately reconstructing the individual’s original anatomy”

Dr Letchford said giving patients real expectations and reducing post-operative pain was also a big focus for his surgical team.

“Hips are generally a better tolerated operation, and more reliably controls pain and achieves positive outcomes, whereas knee replacements tend to be a much more uncomfortable procedure for patients,” he said.

“We work very hard to decrease post-operative surgical pain using multiple methods of pain management including injecting the entire knee capsule intraoperatively with local anaesthetic to ensure good pain relief in the first 24 hours.

“We are also studying the use of inserting “pain pump” cannula devices that can be turned on for the second 24-hour post operative period. This is in addition to the physiotherapists, use of ‘ice machine’ cryotherapy units and close monitoring via our experienced nursing staff, which all helps to give our patients the speediest of recoveries .”

FOR MORE INFORMATION CONTACT:

Dr Andrew Letchford
Suite 3C Level 4
Pacific Private
123 Nerang Street, Southport
P: (07) 5527 1818
F: (07) 5526 4788
E: reception@pacificorthopaedic.com.au
W: www.dr-andrew-letchford.com.au

DR ANGELO RANDO

MULTIDISCIPLINARY APPROACH STREAMLINING CARE

Onsite rehabilitation and direct communication with therapists is streamlining patient care and giving orthopaedic surgeon Angelo Rando the ability to develop, individualise and modify treatment plans without delay to optimise results.

The Gold Coast Private upper limb surgeon has the longest-standing multidisciplinary team on the Coast with his hand therapist of 13 years and a physiotherapy team to look after his shoulder patients.

“Surgery is just one aspect of dealing with a problem and while the technique and procedure is paramount to a good result, the rehab is essential in optimising outcomes,” said Dr Rando.

“Having direct communication and collaboration with my therapists allows us to accelerate rehab wherever possible to give early return to function, work and lifestyle.

“Sometimes, this process could otherwise take weeks by the time an external therapist has asked the patient to go back to the surgeon, creating long delays in treatment.” Dr Rando said he gave his therapists in-depth knowledge of the surgery and patient’s anatomy, giving them greater insight into what the patient could tolerate.

“Usually the only information the therapist gets is the type of surgery the patient has had, but in my practice the therapists have been involved in the patient’s care since the beginning and have had a thorough brief from me post surgery,” he said.

“Our rehab is goal-orientated so we also discuss what is important to the patient - be it pain relief over functional gain or return to work and sports.”

Dr Rando said the other advantage of his multidisciplinary approach was the streamlined nature of his patient care.

“Our model helps in triaging patients as my therapists can provide bulk-billed assessments and organise investigations in advance so I’ve got all the information gathered and can usually make a decision on the day they see me and start treatment immediately,” he said.

“My hand therapist from Active Hand Therapy and physiotherapist from Physio Next Door can also come into Gold Coast Private post-op and see patients on the ward before discharge to make any splints or casts, and can initiate rehabilitation early, saving them costs and another trip to the rooms.”

Dr Rando also deals with complex and multi-injured patients and specialises in complex ligamentous injuries of the wrist for which he is often requested to give a second opinion.

FOR MORE INFORMATION CONTACT:

Gold Coast Hand & Upper Limb Clinic
Level 2 - Building G
Southport Central
27 Garden Street, Southport
P: (07) 5526 4488
F: (07) 5526 4402
W: www.gchulc.com.au

“Direct communication allows us to accelerate rehab wherever possible for early return to lifestyle”



Above: Dr Angelo Rando

DR MICHAEL KALAMARAS

KEYHOLE CARPAL TUNNEL HANDS DOWN PREFERRED TREATMENT



Carpal tunnel surgery can be life changing and the benefits of keyhole methods are making this procedure even more patient-friendly with less pain, less downtime and lower overall costs.

Gold Coast Private orthopaedic upper limb and hand surgeon, Michael Kalamaras, said he performed keyhole carpal tunnel surgery through a small incision in the wrist, rather than the traditional approach through the palm, making it easier to recover and maintain use of the hand during recovery; and allowing both hands to be done simultaneously.

"It's not about the size of the cut, it's about where it is," he said.

"The reality is, whenever you've got a cut on the palm it's really uncomfortable and slow to heal; but a cut on your wrist has little impact on day-to-day life."

Carpal tunnel syndrome is one of the most common entrapment neuropathies, causing numbness, tingling and sometimes pain in the hands due to a compressed nerve.

Dr Kalamaras said while the surgical treatment of carpal tunnel had good outcomes, there was a point in time where the symptoms became irreversible.

"GPs should refer to an orthopaedic, hand or peripheral nerve surgeon when their patients are not sleeping well or the symptoms are present most of the time or becoming uncomfortable," he said.

"At first symptoms come and go, but once they are there constantly the damage is generally irreversible, so it is important to seek treatment before that time."

Dr Kalamaras said while risk of injury to the motor nerve branch was possible, it remained similar – less than three to four per cent - for both keyhole and open carpal tunnel surgery.

He said he was confident in the procedure and its outcomes and was having

"Early treatment is crucial as once the symptoms are constant, the damage is generally irreversible"

the surgery himself on both hands at the same time.

"I'm getting both my hands done via keyhole and I'm planning on driving the next day and back to work within a few days," he said.

"Keyhole carpal tunnel surgery results in less pain, faster recovery and requires very minimal theatre set-up - keeping the costs down for patients.

"It also means people can have both their hands done at once, which happens in more than half my carpal tunnel cases.

"People who have keyhole carpal tunnel are some of my happiest patients with the best outcomes; surpassed only by those who have previously had open carpal tunnel in the past, and have come back for the keyhole procedure and experience the difference."

Dr Kalamaras said he also used keyhole methods for shoulder, elbow, wrist and thumb surgery.

"Keyhole surgery is something that has the best outcomes when the surgeon performs a lot of it," he said.

"It is a skill that has a steep learning curve - particularly for joints like elbows where you're doing it 'back-to-front', and in the carpal tunnel it's best not to get lost inside the hand."

FOR MORE INFORMATION CONTACT:

Premion Place
High St & Queen St, Southport QLD 4215
P: (07) 5532 2721
W: gcupperlimb.com

DR STEPHEN SPRAGUE



"With the anterior approach you don't violate the posterior capsule which helps keep the hip more stable and reduces muscle trauma"

THE ALTERNATIVE APPROACH TO TRADITIONAL HIP REPLACEMENTS

Gold Coast Private orthopaedic surgeon Stephen Sprague says a contemporary approach to hip replacement surgery is improving short-term recovery outcomes and increasing long-term mobility for his patients.

Hip joint replacement surgery is traditionally done via a posterior approach through the back of the hip, but after training in the anterior method eight years ago Dr Sprague prefers the alternative.

"Having performed both approaches during my career, I have observed that in the short-term people find the anterior approach less painful, while long term outcomes are very similar," he said.

"A huge benefit of the anterior approach is the reduced risk of dislocation which means the patient doesn't have to worry about it in their day-to-day activities and can resume a much more normal lifestyle.

"If you have a hip replacement using the standard posterior approach there is a one per cent risk of dislocation so patients are

not supposed to bend their knees beyond 90 degrees as things like squatting or sitting on low chairs can potentially dislocate their hip.

"With the anterior approach, you don't violate the posterior capsule which helps keep the hip more stable, and it also results in less muscle trauma which makes recovery easier and less painful."

Dr Sprague said there was also a reasonable number of people who had some degree of trochanteric pain after posterior hip replacement.

"Some people find it difficult to lay on their side with a scar on their bony prominence," he said.

"When the joint is replaced from behind, the incision for the standard posterior approach is on the side which can be uncomfortable for some people, whereas the anterior incision is at the front which seems to be better tolerated."

Dr Sprague said the reason the anterior approach was not as commonplace was because most surgeons were trained the traditional way.

"About nine years ago a nurse asked me to use the anterior approach on her hip replacement," he said.

"I initially labelled it a trend that wouldn't add benefit to the procedure, but the more I looked into it, and after a year of research, I decided I would pursue it.

"I have now been using it for eight years and in 2015 I surveyed 30 patients who had posterior on one side and anterior on the other and 100 per cent preferred the anterior approach."

Dr Sprague said patients could expect to stay an average of three days in hospital and should be able to return to normal activities between six to eight weeks post-surgery.

FOR MORE INFORMATION CONTACT:

Sprague Medical
14 Carrara Street, Benowa
P: (07) 5597 0303
W: <https://sprague-medical.business.site/>

ASSISTANT PROFESSOR MARIO ZOTTI


 Assist. Prof. Mario Zotti

"If you misunderstand the pain, you don't know what you're treating and you don't get the right result"

BACK SURGERY MORE THAN JUST TECHNIQUE

Tens of thousands of people undergo back surgery in Australia each year, but according to a Gold Coast Private surgeon 'tools, technology and technique' are only part of the equation if you want a good outcome.

Assistant Professor Mario Zotti believes patient engagement, accurate diagnosis, health optimisation and careful surgical planning must combine to ensure patients get the best result.

"It starts with diagnosis and you need to really get to know and listen to your patient to ensure you get it right," he said.

"A thorough understanding of the body and access to the latest diagnostic technology is imperative, as poor surgical outcomes are often from an inaccurate diagnosis.

"Not everyone presents with pain according to a textbook but there are several patterns that recur and in most cases, you can diagnose the source - which is why I dislike the term 'non-specific lower back pain'.

"If you misunderstand the pain, you don't know what you're treating and you don't get the right result. It's like throwing darts at a board blindfolded."

Dr Zotti said to ensure he remained ahead of the game, he was heavily involved in research and evaluating new diagnostic and therapeutic techniques.

"Magnetic Resonance (MR) Spectroscopy will be a game changer. It will fill the gaps left by MRI in isolation so we can make more accurate and informed decisions," he said.

Dr Zotti said once an accurate diagnosis was established, treatment first focused on non-surgical methods and holistic patient wellbeing.

"There's a vast number of conservative treatments we begin with, both passive and active, and only once the patient has attempted all of these methods without success do we consider surgery," he said.

"In this pre-op phase I work with the patient to optimise them for surgery, ensuring they are in the best possible physical and mental condition, giving them the best chance of success.

"This includes looking at everything from nutrition and weight, to their strength and flexibility as well as their mood and emotional state."

Dr Zotti has a special interest in multifidus muscles, which are attached to the spinal column, and believes the health of these muscles plays an important role in successful spinal surgery. He has published several

research papers on multifidus, two of which have been awarded.

"Almost everyone who comes to see me has weakness in their multifidus and most have maladapted movements related to this issue," said Dr Zotti.

"I focus on these muscles both pre-and-post surgery as the way they function has an enormous impact on the results of spinal surgery; and in some cases, on whether surgery is even necessary as it can sometimes be avoided by treating and strengthening these muscles."

Dr Zotti said if surgery was required, he had been an early adapter of advanced planning techniques, including anticipating poor bone quality and preparing for this pre-operatively. He said he also used EOS scanning to determine the type and shape of the spine for better surgical precision.

FOR MORE INFORMATION PLEASE CONTACT:

Dr Mario Zotti
Pacific Private Clinic
123 Nerang Street, Southport, Qld, 4215
P: 1300 399 223
F: (07) 3041 5087
E: admin@ocgc.com.au
W: <https://orthoclinics.com.au/>

DR SIMON PLATT

'ALL-INSIDE' TECHNIQUE HELPING PATIENTS KICK CHRONIC ANKLE INSTABILITY

"This method allows me to scope the ankle and, at the same time, do the ligament reconstruction through the scope"

Dr Simon Platt is one of only a handful of orthopaedic surgeons in Queensland performing an all-inside ligament reconstruction to help patients suffering from chronic ankle instability get back into the sporting arena.

The foot and ankle specialist, who recently joined Gold Coast Private, said the less invasive technique, known as the ArthroBrostrom, resulted in less wounds, swelling and scarring than the more traditional approach to surgery.

The ArthroBrostrom is an arthroscopic lateral ligament repair to the anterior talofibular ligament (ATFL), using arthroscopic portals and an additional small incision.

Dr Platt said his usual practice was to scope the ankle during the procedure.

"There is often debris in the ankle and we have published and presented research that shows this is typically pain-generating and may cause problems later, even if the ankle is stabilised," he said.

"The ArthroBrostrom allows you to scope the ankle and, at the same time, do the ligament reconstruction through the scope.

"There is a much smaller incision involved than with the traditional technique, so it is quite a 'neat' procedure."

Dr Platt said patients would wear a moon boot for four weeks following the day-case surgery.

"Their wound will settle over the next 10 to 14 days, with gentle physiotherapy beginning virtually immediately and increasing at around the two-week mark," he said.

"They will be back to playing sport in about six to nine months.

"The ArthroBrostrom technique doesn't alter

the length of recovery time, but it does mean we make fewer and smaller incisions resulting in less wounds, swelling and scarring.

"At the same time, it is as strong as the traditional technique, if not better."

Dr Platt said the procedure was life-changing for patients.

"Every time you roll an ankle it is painful, so those who suffer from chronic ankle instability tend to become quite apprehensive and avoid any activities that may provoke that movement," he said.

"Often they have sporting aspirations, whether that is at a professional or recreational level, and their ability is affected by this apprehension - they go from being quite active to not doing much for fear of rolling their ankle.

"Patients tend to be younger, sporting people, but those of any age with recurrent sprain or instability in the ankle are a candidate for the procedure."

Dr Platt said those who played sports such as soccer, basketball and netball were more susceptible to suffering from repeated sprains.

"Generally they have tried physiotherapy and failed to get better," he said.

"It is a very unpleasant condition to have, so to repair it - by any technique - improves quality of life.

"Once the reconstructive surgery is done, it gets them back to sport and back to activity, but most importantly gets them back to day-to-day life without the fear of going over on their ankle."

FOR MORE INFORMATION CONTACT:

Dr Simon Platt
Gold Coast Private Hospital Specialist Suites
14 Hill Street, Southport, Qld, 4215
P: (07) 5530 0770



Dr Simon Platt



L to R: Dr James Reidy, Assistant Professor Mario Zotti, Dr Francois Tudor, Dr Will Talbot, Dr Jason Tsung, Dr Matthew Alfredson, Dr Fraser Taylor.

GROUP-APPROACH BENEFITING DOCTORS AND PATIENTS

“Patients with more complex problems are reassured by the multi-disciplinary nature of our practice”

A group-approach to patient care is making things easy for general practitioners who can refer to a single practice for any orthopaedic condition.

The Orthopaedic Clinics Gold Coast (OCGC) group provides a unique and innovative approach to delivering quality orthopaedic care under one roof.

Established in 2017, the group has moved away from the 'single surgeon practice' model, instead combining six surgeons covering upper and lower limb, hand, pelvic, foot, ankle and sporting injuries, to name a few.

Founding member of OCGC, lower limb surgeon James Reidy, said there were plans to expand the group this year, including the addition of a spinal surgeon.

“It is clear that we are greater than the sum of our parts,” said Dr Reidy.

“With increasing levels of specialisation within the discipline of orthopaedics, OCGC is well placed to deliver comprehensive care under a single brand.

“For GPs, they no longer have to wonder who the correct person is to receive a shoulder patient, or which particular surgeon offers a desired approach to joint replacement.

“A generic referral to the group is all that is needed to set the train in motion and our internal systems efficiently directs the right patient to the right doctor.

“This streamlined approach means shorter waiting times and a world class service, delivered at three convenient locations across the Gold Coast.

“We also have a GP hotline should the need for further consultation or questions arise.”

OCGC surgeon Jason Tsung said the surgeons involved in the venture all undertook post-specialisation fellowship training in a special area of interest, resulting in an unprecedented range of therapies offered through a single point of contact.

“A healthy atmosphere of collegiality and cooperation exists within the group,” said Dr Tsung.

“Some of our patients with more complex problems are reassured by the multi-disciplinary nature of our practice.

“If I need a second opinion, or face a challenging problem, I simply go to the next door office.



“As a surgeon it also encourages accountability to the patients, the practice and each other.”

OCGC upper limb surgeon Fraser Taylor said ongoing education was also a focus.

“The presence of a dedicated educational and liaison officer within the practice is a testament to our commitment in this area,” said Dr Taylor.

“We have taken an increasing role in presenting high quality educational events to GPs on the Gold Coast, even attracting interstate delegates.

“We pride ourselves on our CPD-accredited educational events, which is a great way to connect with our generalist colleagues.

“Our programs are structured to deliver concise topics that have been identified by GPs' themselves.”

Dr Taylor said combining expert care with a collaborative approach and a commitment to education aims to make a positive impact in orthopaedic care on the Gold Coast.

“This dynamic and motivated group are sure to create an impressive legacy on the Gold Coast orthopaedic landscape,” he said.

FOR MORE INFORMATION CONTACT ORTHOPAEDIC CLINICS GOLD COAST

P: 1300 399 223
F: (07) 3041 5087
E: admin@ocgc.com.au
W: orthoclinics.com.au

FOR GP HELP OR ACUTE REFERRALS PHONE (07) 2101 2655

Dr James Reidy
Lower Limb & Pelvic Trauma

Dr Fraser Taylor
Shoulder and Upper Limb

Dr Jason Tsung
Hip & Knee

Dr Francois Tudor
Lower limb & Trauma

Dr William Talbot
Shoulder, Knee & Trauma

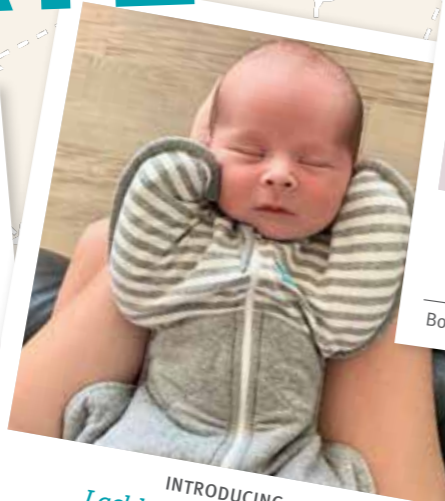
Dr Matt Alfredson
Trauma & Lower Limb

BORN AT GOLD COAST PRIVATE

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



INTRODUCING **Erin Grace McAnulty**
PARENTS: DARREN AND ASTRID MCANULTY
Born: 24/04/2020 Time: 1:01pm Weight: 3.52kg



INTRODUCING **Lachlan Arden Verheyen**
PARENTS: LAUREN AND CHRIS VERHEYEN
Born: 17/04/2020 Time: 4:30pm Weight: 4.25kg



INTRODUCING **Oliver Michael Roberts**
PARENTS: ALI AND CHRIS ROBERTS
Born: 17/03/2020 Time: 6:54am Weight: 3.85kg



INTRODUCING **Zoe Theresea Piovesan**
PARENTS: MARIA AND TODD PIOVESAN
Born: 17/09/2019 Time: 3:19am Weight: 3.53kg



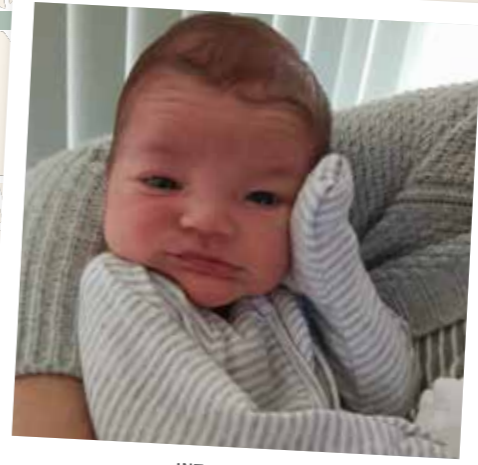
INTRODUCING **Varlah Alma Jean Brown & Niamh Suzanna Margaret Brown**
PARENTS: JASON AND SHEENA BROWN
Born: 21/06/2019 Time: 1:36pm & 1:38pm Weight: 2.26kg & 2.4kg



INTRODUCING **Rhodes Ashton Rockell**
PARENTS: LAYLA AND CHRIS ROCKELL
Born: 08/05/2020 Time: 6:37pm Weight: 4.08kg



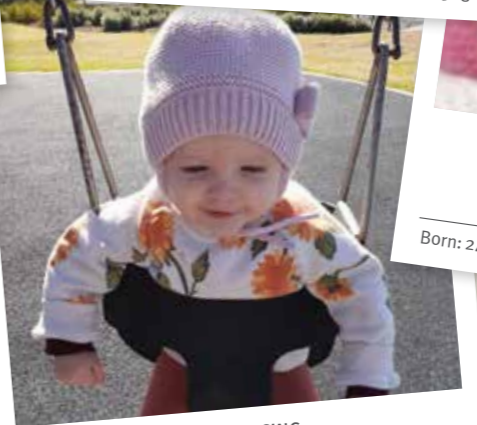
INTRODUCING **Sophia Kereszturi**
PARENTS: YUE WANG AND DAVID KERESZTURI
Born: 04/03/2020 Time: 3:12pm Weight: 3.31kg



INTRODUCING **Finn Christopher Prebble**
PARENTS: ASHLEIGH AND DALE
Born: 04/05/2020 Time: 2:50pm Weight: 3.23kg



INTRODUCING **Eden Grace Aurisch**
PARENTS: KARLEY & DANIEL AURISCH
Born: 24/01/2020 Time: 3:29pm Weight: 2.38kg



INTRODUCING **Sophie Maree Maslen**
PARENTS: JACKSON AND CHRISTINE MASLEN
Born: 23/07/2019 Time: 6:30pm Weight: 2.37kg



INTRODUCING **Ella Anne O'Riordan**
PARENTS: ASHLEY BANNISTER & CIARAN O'RIORDAN
Born: 26/09/2019 Time: 6.49am Weight: 4.08kg



INTRODUCING **Alexis Ruby Thomson**
PARENTS: RUSSELL & LAURA THOMSON
Born: 02/02/2020 Time: 12:12pm Weight: 3.65kg



MANAGING ENDOMETRIOSIS DURING COVID-19

By Dr Donald Angstetra

Endometriosis is a difficult condition to manage at the best of times, so with the ongoing coronavirus pandemic, it's natural to feel a little more anxious. Dr Donald Angstetra spoke to us about how women with this condition should manage their pain and symptoms during this time.



Dr Donald Angstetra

Gold Coast Private gynaecologist Dr Donald Angstetra has seen a spike in anxiety amongst women with endometriosis who are concerned about how coronavirus may affect them and management of their symptoms.

Dr Angstetra spoke with us to debunk myths about self medication for pain management and the relationship between endometriosis and coronavirus.

Q: I have heard that taking nonsteroidal anti-inflammatory drugs (NSAIDs), like Ibuprofen, could make coronavirus symptoms worse - is this true?

A: There is no scientific evidence to suggest that taking NSAIDs puts people at higher risk of a more severe illness if they contract coronavirus.

The only medication that should be avoided for pain management in general are opioids, which can be addictive and have a range of side effects.

The best course of action is to take the recommended dosage of NSAIDs or, if preferred, paracetamol and use other aids like heat packs.

Q: Are women who have endometriosis at higher risk of contracting coronavirus / experiencing worse symptoms?

A: Women with endometriosis do not appear to be higher risk than the general population, and only need to follow general health advice about social distancing and keeping their hands clean to avoid transmission of the virus.

The only exception to this may be women with pulmonary endometriosis, including history of lung collapse, lung resection, or cardiothoracic surgery, who are likely at higher risk and should seek advice about managing their health.

Q: My surgery to treat my endometriosis was postponed. Should I be concerned?

A: The good news is that Australia has relaxed the restrictions around elective surgery so you will now be able to forge ahead with your surgical treatment.

Even though your treatment was delayed, be reassured that endometriosis does not worsen rapidly, so the short postponement should not have had any negative effect, other than prolonging your pain while you waited.

Q: I'm feeling really stressed because of coronavirus. What can I do?

A: Stress itself can make endometriosis symptoms more serious, so women should look after their mental wellbeing by keeping active and trying relaxation techniques like yoga and meditation.

Q: How can I get further advice about managing my endometriosis during covid-19?

A: Dr Angstetra is offering telehealth appointments through the Women's Health Centre, Gold Coast Private Hospital.

FOR MORE INFORMATION PLEASE CONTACT:

Dr Donald Angstetra
The women's Health Centre
Suite 8, Level 1, Gold Coast Private Hospital
14 Hill Street, Southport QLD 4215
P: (07) 5613 2065

CHANGES TO CERVICAL CANCER SCREENING SEES SIGNIFICANT REFERRAL INCREASE

There has been a significant increase in referrals for colposcopy procedures following the new cervical cancer screening program that introduced human papillomavirus (HPV) testing in December 2017.

Head of The Cervical Centre, gynaecologist Graeme Walker said the clinic had been met with an influx of patients requiring a colposcopy following a positive HPV test.

While The Cervical Centre has been able to easily cope with patient demand, Dr Walker said the public system was under immense pressure.

“Some public hospitals have a 12-week waiting list for the most abnormal pap smears, whereas we can see most patients within two weeks and urgent patients almost immediately,” he said.

Dr Walker said when the new screening program was introduced, there were concerns the HPV test would prompt a significant increase of referrals, given its high sensitivity. “Now two and a half years on that has certainly been the case,” he said.

“HPV is a virus that does not automatically lead to abnormality, so these tests can create a huge amount of unnecessary anxiety.

“The new pap smear screening reports either a HPV negative or positive result.

“It doesn't take into consideration the cytology, meaning the patient is told they're at a higher risk of significant abnormality, even if that is not necessarily the case.

“This results in a lot of patients wrongly believing they have cervical cancer and they attend my rooms in a state of heightened anxiety and distress.”

Dr Walker said alleviating patient stress and giving women faster access to quality care was why The Cervical Centre was created.

He said the clinic would continue to remove the anxiety associated with the procedure in a bid to ensure women were undertaking the necessary testing and treatment for early detection of cervical cancer.

“Of the women who have cervical cancer, 85 per cent haven't been screened for the past 10 years so the message is simple - screening saves lives,” said Dr Walker.

“We want to make sure every woman feels comfortable enough to have a pap smear and come for colposcopy, if necessary, so that we can find any abnormalities early and give them the best chance of survival.

“At The Cervical Centre, we focus on relieving anxiety by creating a calm and safe environment, quick and efficient testing and treatment, and strong lines of communication so women are well educated on what their individual circumstances are and the next steps they need to take.

“I have been performing colposcopies for two decades and in my experience, while the thought of the procedure is quite stressful, if done correctly, women barely feel the anaesthetic or the following treatment.

“Through The Cervical Centre we can treat almost all patients in the rooms so removing the need for hospital admission further reduces the anxiety.”

Dr Walker and Gold Coast Private Hospital established the clinic in 2018 to offer local women a cost-effective private option for colposcopy - a procedure undertaken to detect cancer after a woman returns an abnormal pap smear.

Supported by his wife Hilary - a specialist nurse colposcopist - The Cervical Centre is the Gold Coast's first and only dedicated colposcopy clinic, giving women access to an outpatient service offering cervical examinations, biopsies and Loop Excision of the Transformation Zone (LETZ) in minutes, under local anaesthetic.

Dr Walker said at The Cervical Centre the majority of patients were able to avoid general anaesthetic, be seen within days of referral and experience lower out-of-pocket expenses.

“We set this clinic up in consultation and partnership with Gold Coast Private Hospital with the intention of making it accessible to everyone, regardless of whether they have private health insurance or not,” he said.

“Our function is to ensure women can access colposcopy quickly to ease their mind and, when necessary, allow them to receive treatment straight away.

“The Cervical Centre provides a low-cost private alternative so women can choose to have their care outside the public system, avoiding long waiting periods and the need for hospital admission.”

Women who do not have private health cover will be charged a one-off fee which includes referral, colposcopy, biopsy and, when necessary, recall and LETZ; while women with private health insurance are eligible to be fully-covered for the procedure, depending on their level of cover.

FOR INFORMATION CONTACT:

Dr Graeme Walker
Gold Coast Private Hospital
Suite 15, Ground Floor
14 Hill Street, Southport Qld
P: (07) 5530 0490
W: www.thecervicalcentre.com.au

“Some public hospitals have a 12-week wait for the most abnormal pap smears, whereas we can see patients within two weeks and urgent patients almost immediately”



GOLD COAST PRIVATE GREEN GROUP CREATING TREASURE FROM TRASH

Buckets of food scraps, empty water bottles and used batteries have become prized items at Gold Coast Private Hospital thanks to a robust recycling program that is raising money for charities while helping the environment.

The hospital started a 'Green Group' which looks for ways to reduce, reuse and repurpose everything from oxygen masks and ventilator tubes; to printer cartridges and wooden pallets.

Since last year, Gold Coast Private, in partnership with medical supplies company Baxter, has recycled more than two tonnes of PVC used to make items such as rubber hose, just like you buy at Bunnings, and play mats and surfaces which you will find in childcare centres and play grounds.

The hospital has also stopped using single-use cups in its staff rooms and cafeteria, saving 5,000 Styrofoam cups a week from landfill; while more than 14,000 batteries are now being recycled annually.

Food scraps from the kitchen are highly sought-after as staff members' keen to live more sustainably use them to feed chooks and fuel composts; and plastic water bottles are seen as a bounty with money made in the container exchange donated to local charities.

Gold Coast Private's Jodie Ma Chong, who heads-up the Green Group, said what started as a small effort by a few people had become a real 'movement', with staff of all departments and levels getting involved.

She said workers from catering, theatres, administration, pharmacy, maintenance and supply are putting their thinking caps on to look at ways to reduce the hospital's carbon footprint and find new uses for items that may otherwise have been wasted.

"With the support and encouragement of Gold Coast Private management there's so many people working behind the scenes to help reduce our waste," she said.

"We have people collecting plastic lid bottles and dropping them to schools that are participating in a program that turns them into prosthetics for kids.

"We've got other members who take the bottles to the container exchange and donate the money to charities like Broken to Brilliant who provide assistance to those affected by domestic violence.

"Our maintenance team also turns pallets into furniture for staff member and our staff area - like book shelves and storage units.

"Our Green Group is not a quick fix, it's about finding clever ways we can reduce waste and improve what we are doing to our environment.

"It's about making changes that we hope will ultimately see a cleaner, greener environment because it's the smallest things that we do now, that will make the biggest difference in years to come."

Ms Ma Chong said the Green Group investigated items that could be recycled or re-used, communicated it to staff and encouraged them to rethink the way view waste.

"Our maintenance team also turns pallets into furniture for staff members and our staff area - like book shelves and storage units"



TOP: Green Group Leader Jodie Ma Chong
BOTTOM: Gold Coast Private Quality Manager Linda Sawrey



"Some of the items we recycle are large cardboard boxes which are ideal for moving house, or wooden pine crates that can be utilised for gardens, or any home DIY project," she said.

"We are seeing staff contact our supply team to pick the larger items up before they go home - as well as utilising smaller items from an up-cycled wooden table the maintenance team constructed in the staff room.

"We are recycling everything we possibly can - from plastic tubs, foam eskies, and bubble wraps; to PVC medical devices such as oxygen masks, printer cartridges, ventilator tubes, batteries, reading glasses, magazines and books.

"The group has also implemented a food scraps bin to be used for chicken feed or compost - which has proved so popular it can't be refilled quickly enough."

Queensland State Manager David Harper said he was proud of what the Green Group and staff had been able to achieve.

"It's not recent news that Australia has a major recycling problem - we are proud to be doing our bit to implement more mindful waste practices and to bring awareness to the issue," he said.

"We are seeing fantastic results and it's great to see the enthusiasm of those involved and the countless other staff members getting on board.

"There is a great deal of product in hospitals that is thrown away and will sadly end up in landfill, but with a few tweaks we have recycled re-usable plastics and expanded the lifespan of regular items that would usually be thrown out.

"Waste is everybody's problem. I'd love to see more hospitals and businesses taking initiative and leading by example."

FOR MORE INFORMATION CONTACT:

Jodie Ma Chong
T: (07) 5530 0114
E: jodie.machong@healthscope.com.au

Maintenance Officer Pete Murray and Maintenance Manager Craig Pateman with some of the recycled pallet furniture they've built

NEWS IN BRIEF

GOLD COAST PRIVATE INTRODUCES CHILDREN'S PHYSIOTHERAPY



Specialised physiotherapy for children and adolescents is now available at Gold Coast Private, helping some of our smallest patients with everything from post surgical care to developmental issues.

Rehabilitation manager and head of the paediatric physiotherapy team, Anna Arden said children had distinct and individual needs and services needed to be tailored accordingly.

“At Gold Coast Private, we aim to provide the best possible care to people of all ages, and as early intervention is often crucial to outcomes, our new paediatric physiotherapy program means we can start treatment from as young as newborns,” she said.

“We are dedicated to empowering children and their families through education and personalised techniques to improve motor function and assist with achieving goals - be it recovering from surgery or injury; or assisting with developmental condition and strengthening.

“Our specialised in-patient services is available to children in hospital, with no out-of-pocket expenses. Speak to your treating doctor or nurse to find out if physiotherapy could benefit your child.”

Some common conditions seen in children that will benefit from physiotherapy include:

ORTHOPAEDICS

- Post-surgical physiotherapy
- Fracture management such as teaching use of crutches after lower limb fracture or application of sling after upper limb fracture
- Soft tissue injury management

RESPIRATORY

- Chest physiotherapy for post-surgical patients or those with an existing condition like asthma

DEVELOPMENTAL

- Individualised assessment and advice
- Strengthening exercises

“Early intervention is often crucial to outcomes. We can now start physiotherapy from birth”

FOR MORE INFORMATION OR TO BOOK AN APPOINTMENT, CONTACT OUR PAEDIATRIC PHYSIOTHERAPY TEAM:

Gold Coast Private Hospital
Paediatric Care Centre
14 Hill Street, Southport
QLD 4215
P: (07) 5530 0125
W: www.gcph.com.au/paediatricphysiotherapy

Above: Indiana Wise with Physiotherapist Debbie Miller



WORLD CANCER DAY WITH WARD THREE

The team in Gold Coast Private's Oncology Ward know all-too-well the devastating toll a cancer diagnosis takes. They marked World Cancer Day by raising awareness to encourage the community and government to take action and help ease the burden of cancer and improve survivorship.

SANTA CLAUS VISITED GOLD COAST PRIVATE



Medicross Medical CEO Charles Jewaskiewitz decided children who had to spend Christmas in hospital deserved something extra on December 25. He and his Medicross team across 15 medical centres collected more than 100 gifts which were delivered to hospitals across the Coast. The children in our Paediatric Care Centre were definitely smiling when they opened their presents on Christmas morning. Thank you Charles and the Medicross Medical team. We're very grateful for your kind donation.

their presents on Christmas morning. Thank you Charles and the Medicross Medical team. We're very grateful for your kind donation.

HEALTHSCOPE STAR AWARDS WINNER



For the second year running, our Paediatric Care Centre has won a Healthscope Star Award for 'Service Excellence'. The PCC was awarded for its Sleep and Settle Program - a three-day in-patient program designed for parents who are seeking holistic support from health professionals to assist in forming good sleep

habits for infants and toddlers. For more information on the program, visit <https://goldcoastprivatehospital.com.au/internal-page/sleep-and-settle-program>



INTERNATIONAL VOLUNTEERS DAY

We missed our volunteers dearly during Covid-19 so to remind them how valued they are, Alix and Narelle hand-delivered soup jars made with love in our kitchen. To our 25 much-loved team of volunteers - this hospital just isn't the same without you. We're so glad to have you back.



REMEMBRANCE DAY

On Remembrance Day we took the time to honour the Australian men and women who have made the ultimate sacrifice for our freedom through all wars and conflict. To commemorate these brave men and women we stood together to observe a minute's silence. Lest We Forget.



STRONG PROGRAM

Some of our lovely nurses and staff took part in the B. Strong Program - an initiative that aims to up-skill health and community workers to help their patients and clients stop smoking, eat healthy and become more physically active. It is part of the Healthscope's 'Making Tracks' policy to assist the Queensland Government's effort towards closing the gap in health outcomes for Indigenous Australians.

PEOPLE OF THE PRIVATE

Each week on the Gold Coast Private Social Media pages we chat to a valued team member about why they do what they do. Here's what some of them had to say...



PENNY HEBER

Penelope Heber's father was a GP in Mudgee, NSW and her mother was a nurse - so you could say health care is in her blood.

"I saw my first operation when I was 14-years-old and I knew I wanted to be part of a team that cared for unwell patients and nursed them back to health," says Penny.

"I did hospital-based training for my General and Midwifery Certificates at Royal North Shore Hospital so long ago that our uniform included a veil and red woolen cape. In those days we were referred to as 'Nurse' or 'Sister'."

Having seen many changes during her career, Penelope loves her role at Gold Coast Private.

"I enjoy being part of a team that provides such a high standard of patient care. We have amazing and talented staff that I love working with. I also love that Healthscope has provided flexible working hours and a family-friendly environment so work fits around my busy life with three daughters."



MARIO HUGHES

"The feedback we get from patients and relatives makes me proud to be part of this hospital," says Intensive Care Nurse Mario Hughes.

Mario's motto is "treat people as you would like your loved-ones treated; push boundaries in your quest to improve patient care."

It's no wonder we get such positive feedback when we've got nurses like Mario caring for our patients.

Mario brings humour to our Intensive Care Unit and an attitude that makes it easy for anyone to approach him - be it staff, patients or relatives.

His innate sense of responsibility to help people saw him join the SES this year - something he intends to fit around surfing and having fun with his son.



New Faces



Dr Wayne Ng

B.Sc, MBBS, Ph.D, FRACS

Spine Surgeon & Neurosurgeon

Dr Wayne NG is a spine and neurosurgeon who speaks fluent Cantonese and specialises in skull-base surgery, neuro-oncology and clinical research.

Using state-of-the-art facilities and the latest technology, including Gold Coast Private's fully-equipped Kinevo 900 microscope with digital hybrid visualisation, Dr Ng offers first-class neurosurgical treatment and is a WorkCover accredited practitioner.

After completing his Ph.D in neuro-oncology in 2016 at the University of Melbourne, focusing on pre-clinical cancer stem cell models and cancer biology, he did his clinical training as a neurosurgical fellow at Austin Hospital, Melbourne in 2017 which included experience in epilepsy, deep brain biopsies, deep brain stimulation and spine surgery.

Dr Ng then undertook further clinical training in skull-base pathologies at the Manchester Centre for Clinical Neurosciences, England.

He is actively involved in clinical and scientific research projects with a passion in using technology to translate scientific research into clinical solutions. He is also dedicated to providing ongoing training and education and is a senior lecturer at Griffith University.



Dr Terence Chou

FRACP, MNeurSC (UQ), MBBS/MD

Consultant Neurologist

Dr Terence Chou is a consultant neurologist with 24 years of experience treating a wide range of neurological conditions.

Dr Chou employs a range of surgical and non invasive techniques to provide life-changing treatment for patients suffering from movement and sensation disorders including tremors, Parkinson's Disease, epilepsy, vertigo and peripheral neurology. He also treats pain disorders such as recurrent headaches and neuralgia, and progressive conditions including dementia and neuro-degenerative disease.

Dr Chou has been a neurology specialist since 1996, moving from Taiwan to take a position as senior lecturer at Griffith University Medical School. He also completed a Master of Neuroscience at the University of Queensland, while undertaking research with the Queensland Brain Institute.

He has worked as a consultant neurologist in major hospitals on the Gold Coast and in Brisbane.

TO ARRANGE AN APPOINTMENT CONTACT:

Spine Centre
Level 2, 151 Smith Street Motorway, Southport QLD 4215
P: 1300 000 151
F: (07) 5635 0177

TO ARRANGE AN APPOINTMENT CONTACT:

Coastal Neurology Care, Gold Coast Private Hospital
Gold Coast Private Specialist Suites, Ground Floor
14 Hill Street (off Parkland Drive), Southport QLD 4215
P: (07) 5530 0770 | F: (07) 5530 0687
E: gcpspecialistsuites@healthscope.com.au



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