

# THE PRIVATE

WOMEN'S HEALTH EDITION

## EXPERT ADVICE

*With Grace Private*

**STEP INSIDE OUR ALL-NEW  
BREAST CANCER CENTRE**

**ROBOTIC-ASSISTED  
SURGERY REVOLUTION**

ISSUE 8  
JUNE 2021



**Gold Coast**  
PRIVATE HOSPITAL



Dr Erlich Sem is a passionate advocate of robotic-assisted surgery.

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KIMBERLEY PIERCE - GENERAL MANAGER, GOLD COAST PRIVATE HOSPITAL, PACIFIC PRIVATE DAY HOSPITAL & TWEED DAY SURGERY

**W**hen I was appointed Gold Coast Private General Manager in 2020, global events had shifted our strategic focus to survival mode. The COVID-19 pandemic meant some of our plans for the year had to be put on hold but I'm pleased to say we have realigned our attention to further advancing our capabilities and growing Gold Coast Private to its full potential.

Our focus is to become the city's number one hospital of choice and it is being driven by a revised Strategic Plan that was born after several strategic planning workshops with all heads of department and that saw all staff offered the opportunity to put forward their ideas regarding our future growth.

Whether you have already heard of some of our exciting plans or you learn of them for the first time in coming months, Gold Coast Private has an exciting five-year plan that will put us at the forefront of technology, healthcare and innovation. There is much to be excited about, be it an upgrade of our maternity services, rolling out improved cardiac surgical services, which will be supported by our TAVI accreditation, expanding our neurovascular services to include neuro interventional services or our vision to grow a range of other surgical and medical services.

We have also seen recent growth in several areas and I can assure you that was not achieved by chance but as the result of hard work by a collective team. One example was the debut in April of our new robotic surgical system – aka ROSA - with Dr Matt Alfredson operating its first robotic knee replacement. ROSA is the third robot at Gold Coast Private, complementing the MAKO (orthopaedic) and da Vinci (general, gynaecology, urology and ENT).

We also continue to set the standard for GP education events and staff wellness/social activities, with our Women's Health CPD proving so popular it sold out twice within 48 hours - yet another example of what hard work, passion and great people can achieve.



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# BREAST CARE CENTRE TO PROVIDE VITAL ONE-STOP SERVICE FOR PATIENTS

**G**old Coast Private is establishing a dedicated Breast Care Centre, with a highly qualified nurse set to play a fundamental role in setting up the service and co-ordinating patients' journeys as they battle conditions including cancer.

Under the leadership of Breast Care Nurse Sharra Artz, the ground-breaking service will focus on helping women navigate their entire breast care experience from diagnosis to treatment and post-care support.

Patients will be connected with key team members including surgeons, oncologists, dietitians and social workers, with Ms Artz playing a vital role in ensuring their care needs are met every stage.

Ms Artz said she was excited to be leading the program that would put the patient's care at "the heart of the service".

"In the past, patients with breast conditions had to navigate this process on their own but I will now be by their side to make the journey as simple as possible," said Ms Artz, who previously worked on the hospital's oncology and palliative care ward.

"We want to connect them with the right people and ensure every aspect of their care is met. The breast care journey can be a logistical challenge and we don't want them missing out on anything because they didn't realise it was accessible.

"They already have a lot of emotional distress surrounding the initial diagnosis so our aim is to lighten the load and help them navigate the whole process."

Ms Artz said the multidisciplinary aspect of breast care meant it was essential patients received personalised treatment and care.

"Every breast cancer diagnosis is different and the Breast Care Centre will ensure patients receive care and support based on their individual circumstances," she said.

"I will also play a key role providing emotional support, not just for the patients

but also their families. The reason I got into nursing all those years ago was to not only provide first-class nursing care but be an emotional support for patients and that remains my prime motivation.

"The sense of satisfaction I get from being an emotional support is amazing. They're such strong people and you form such a close bond that even when their treatments are finished and they're moving on with their lives, I often stay in contact and make sure they are OK."

Ms Artz said it was inspiring to work at a hospital that continued to invest in ground-breaking services.

"Gold Coast Private has always been very patient-centred," said Ms Artz, who has been with the service for almost 15 years including



Breast Care Nurse Sharra Artz

during its previous life as Allamanda Private Hospital.

"It's great they're providing this level of support for women with breast cancer and I'm hoping it will become something we can offer across all aspects of cancer care. I may be the first Breast Care Nurse but I won't be the last."

**FOR MORE INFORMATION CONTACT THE BREAST CARE CENTRE OR VISIT YOUR GP FOR A REFERRAL.**

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## OUR TEAM

Supported by a dedicated breast care nurse, specialist radiographers in breast imaging, psychologist and geneticist.



# ROBOTIC-ASSISTED SURGERY CHANGING THE GAME FOR GOLD COAST WOMEN

**A** tech-savvy gynaecologist's decision to embrace robotic-assisted surgery is delivering improved diagnoses, less painful procedures and faster recovery times for Gold Coast Private patients.

Dr Erlich Sem, who has almost 20 years' experience in managing high-risk pregnancies and gynaecological conditions, is at the forefront of using the leading-edge da Vinci XI Surgical System to perform delicate and complex operations that previously required traditional laparoscopies.

While the term 'robotic' often misleads people, Dr Sem remains 100 per cent in control of the system and guides interactive robotic arms via a console that ensure greater accuracy by bending and rotating further than the human hand and reducing hand tremors.

The technology's 3D HD vision system also provides a highly magnified surgical view that has allowed him to identify difficult-to-detect cases of endometriosis that were missed by other surgeons.

As the only Gold Coast gynaecologist routinely using robotic-assisted surgery, Dr Sem said the technology was a "game-changer" in performing complex surgeries such as hysterectomy, severe endometriosis and myomectomies.

"Robotic-assisted surgery is relatively new to Australia and while it won't make you a better surgeon, it is undoubtedly a better tool to perform complex procedures," said Dr Sem, who undertook an intense training program in late 2017.

"I'm a bit of a technology geek so when I first heard of robotic-assisted surgery being used in gynaecology, I immediately wanted to explore it further.

"This is an extra tool - and a very good one - that allows me to achieve what I need to do. Given the potential to provide better outcomes for my patients, it's a no-brainer."

Dr Sem said robotic-assisted surgery was more precise due to its 3D surgical vision, the ability for the robotic instruments to move beyond human limitations and much reduced fatigue for surgeons.

"As opposed to laparoscopy, it's a very fine tool and that means you are creating much less damage to the tissue during surgery and that translates to less pain," he said.

"The ability to see in 3D also means your vision is infinitely better. Whereas you may have previously gone deeper in your surgery because you couldn't see as well, this tool is much more precise and you are only removing what needs to be removed - no more, no less.

"Patients who have had robotic-assisted surgery report having much less pain around the keyholes than those who have had standard keyhole surgery. Laparoscopies involve more pushing and pulling while the robotic system is designed to isolate movement to one area."

Dr Sem said the diagnostic benefits of robotic-assisted surgery were also immense.

"I've seen a few patients who had surgery elsewhere and their medical team couldn't find a reason for their pain," he said.

"They were told they didn't have endometriosis but because they were still having pain, we performed surgery with a 3D robotic camera and found lesions. Yes, they were minor but when the tissue was removed and we sent it for testing, it was found to have the endometriosis.

"We can only treat something we can identify and the 3D capabilities of robotic-assisted surgery are allowing us to do that better than ever."

In a further bonus for Gold Coast Private patients, the hospital does not charge additional costs for women with private health insurance to be treated with the da Vinci XI Surgical System.

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The da Vinci XI Surgical System can perform delicate and complex operations.



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*‘Robotic-assisted surgery is undoubtedly a better tool to perform complex procedures’*

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#### ROBOTIC-ASSISTED SURGERY – HOW IT WORKS

The da Vinci Surgical System allows your surgeon to perform surgery by using instruments that he or she guides via a console. The da Vinci system translates your surgeon’s hand movements at the console in real-time, bending and rotating the instruments while performing the procedure. The tiny wristed instruments move like a human hand but with a greater range of motion. The da Vinci vision system also delivers highly magnified, 3D high-definition views of the surgical area. The instrument size makes it possible for surgeons to operate through one or a few small incisions.

- **Surgeon Console** – your surgeon sits at the console, controlling the instruments while viewing your anatomy in high-definition 3D.
- **Patient Cart** – positioned alongside the bed, the patient cart holds the camera and instruments that the surgeon controls from the console.
- **Vision Cart** – the vision cart makes the communication between components possible and supports the 3D high-definition vision system.

Source: [www.davincisurgery.com](http://www.davincisurgery.com)





# CANCER DOESN'T CARE ABOUT EXCUSES

**A** brief stint living in New Zealand could have cost 33-year-old Bec Gear her life as she used her relocation back to Australia as an excuse not to have her pap smear.

Upon her return to the Gold Coast, Bec found more reasons to skip her cervical cancer screening until she happened to stumble across something that jolted her into action and potentially saved her life.

"I saw Margaux Parker (Brisbane radio personality) shared her story on social media about being 12 months late for her pap smear and she'd had to have some procedures as a result," said Bec.

"Her social media post said 'GO AND GET CHECKED', so I did.

"When I got to the GP my cervix was bleeding and I was immediately sent to The Cervical Centre at Gold Coast Private Hospital for an urgent appointment that likely saved my life."

Now 12 months late for her pap smear, Bec was in trouble.

"Bec's cervix looked abnormal when she came in so it was clear she needed urgent investigation," said gynaecologist Dr Graeme Walker.

"She was diagnosed with cervical cancer but she was very lucky it was in the earliest stage so we were able to treat her with a Loop Excision of the Transformation Zone (LETZ) which completely removed all the cancerous cells.

"As Bec had finished having children we could perform a hysterectomy, further reducing her risk of the cancer returning.

"We caught it just in time. If Bec hadn't come in when she did, she'd likely have needed a radical hysterectomy as well as surgery to remove her lymph nodes and radiotherapy to give her the best chance of long-term survival."

*'To think I came close to missing my children grow up devastates me... don't make excuses like I did. Cancer doesn't care about your excuses'*

Bec recently celebrated two years cancer-free and she wants to tell her story in the hope it will prompt others to keep their cervical cancer screening up to date.

"Until my missed pap smear I'd always had clear tests so I didn't think I had anything to worry about," she said.

"It came as a shock that missing my screening by just 12 months could be so damaging and I shudder to think how bad it could have been had I not seen that social media post that day.

"To think I came close to missing my children grow up devastates me.

"I hope that by telling my story, it might prompt someone else to get checked - not just for cervical cancer but for anything they need to be screened or checked for - skin cancer, bowel cancer, anything.

"Don't make excuses like I did. Cancer doesn't care about your excuses.

"It might seem like an inconvenience or it may even be uncomfortable but it could save your life.

"When you're faced with the possibility of having your life cut short, none of the discomfort or inconvenience matters. You would go through anything to stay with your family."

Dr Walker said 85 per cent of women with cervical cancer had not had a pap smear in 10 years.

"If it's caught in the early stages, cervical cancer can be successfully treated, but once it becomes visible, survival rates drop dramatically," he said.

"Cancer is very individual and differs from patient to patient. While someone could miss their screening by two years and be diagnosed in the early stages; others may only need to miss their test by a matter of months and present with advanced cancer."

Dr Walker said the new cervical screening program introduced in December 2017 had increased colposcopy referrals by about 30 per cent, putting strain on the public system and causing unnecessary anxiety for some women.

"Ultimately, the aim of the new program is to catch more cancers in the early stages while relying on less screening," he said.

"We now test initially for the human papillomavirus (HPV) and a positive result usually means a direct referral for colposcopy, but it's important to remember that just having HPV doesn't automatically mean a patient has any abnormal cells.

"Indeed the majority of Australian women will have a transient infection with HPV at some point in their lives.

"Some public hospitals have a 12-week waiting list for the most abnormal pap smears which is why private clinics like The Cervical Centre are so important.

"Through my practice we can see most patients within two weeks and truly urgent patients the same day, saving women the anxiety of a long wait and enabling us to diagnose abnormal cells without delay.

"Despite the increase in colposcopy referrals, the advantage of the new screening program is for women with no issues, they only need to be screened every five years.

"Australia is one of the first countries in the world to run the cervical screening program from the age of 25 using HPV as the primary screening tool.

"The rational behind it is to reduce cervical cancer deaths by up to a third, but this is only possible if women participate in the program.

"The message is simple - screening saves lives. Just ask Bec"

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Main photo and top: Bec Gear is relishing family life after a cervical cancer scare. Above: Dr Graeme Walker



# THE MANY MASKS OF HYPOTHYROIDISM

*Dr Louise Ciin is passionate about raising awareness of Hashimoto's disease - much to the relief of one young mother.*



Endocrinologist Dr Louise Ciin: "Many people live with undiagnosed hypothyroidism for many years."

**I**n her early 20s, Bree Edwards' blood test results had some red flags but instead of investigating further, she was told to 'keep an eye on it'.

Fast forward a decade and one doctor has finally paid attention to those 'red flags' - and the result has been life changing.

"After years of seeing GPs and specialists from various fields, I did my own research and found Dr Louise Ciin and three months later, I was fixed," said the 33-year-old mother-of-two who spent years feeling exhausted and wasted months of her life house-bound due to heavy periods.

Bree has Hashimoto's disease - an autoimmune disorder that affects 10 percent of the population, mostly women, and can be the cause of hypothyroidism, also known as an underactive thyroid.

The disease triggers the immune system to attack the thyroid which becomes damaged and can no longer make enough thyroid hormones to control how the body uses energy, affecting metabolism and various body systems including the heart.

"Without enough thyroid hormones, many of your body's functions slow down, leading to unrelenting tiredness, weight gain, increased risk of depression and increased risk of heart disease," said Gold Coast Private Endocrinologist Dr Louise Ciin.

"The good news is that while there's no cure, it is easily treatable with medication. It is also easy to diagnose through a simple blood test.

"Having said that, many people live with undiagnosed hypothyroidism for many years as the symptoms can develop slowly over time and are often masked by other conditions."

This was the case with Bree.

Her symptoms included extremely heavy, irregular periods and constant fatigue, but these led her doctors down a different path and prompted them to test for other issues.

She was diagnosed and treated for endometriosis and anaemia, among other conditions.

"The thing is Hashimoto's disease causes a snowball effect and it can be hard to work out what the root cause of those other issues are," said Bree.

"In my case, it turned out that the hormone imbalance caused by my underactive thyroid was responsible for my heavy and almost constant periods, which in turn caused my iron deficiency.

"Since starting my thyroid medication, my periods have become regular and I haven't had to have a single iron infusion."

Bree believes for women with problems like hers, the starting point should be to check thyroid hormone levels and Dr Ciin agrees.

"Hashimoto's thyroiditis is a common autoimmune disease with no unique symptoms or signs so it can be very hard to detect without a specific blood test," said Dr Ciin.





Bree Edwards has come a long way since she felt like she was literally dragging herself along the ground - "Since Dr Ciin diagnosed me and put me on medication, it has been life changing. I spend my days running after two high-energy children but now I can manage."

"Not everyone with Hashimoto's disease has hypothyroidism or requires treatment. Some people with hypothyroidism may not have any symptoms early on and the condition usually progresses very slowly over many years with some sufferers eventually becoming symptomatic.

"Most patients with hypothyroidism can be diagnosed and treated by their GPs. However, in some specific circumstances, specialist input is necessary."

Dr Ciin said patients with hypothyroidism may present to other specialists including cardiologists for bradycardia, heart failure or pericardial effusion in severe cases; gynaecologists for menstrual disturbance; fertility specialists for infertility; sleep physicians for obstructive sleep apnoea; hand surgeons for carpal tunnel syndrome; or psychiatrists for depression.

"Unfortunately while all of this investigation is going on, hypothyroidism can easily be detected or excluded by a simple blood test and treated with Levothyroxine which, when correctly managed, can alleviate many, if not all of the symptoms," said Dr Ciin.

Bree said she felt lost for a long time and wants other people to know that help is out there.

"Before I found Dr Ciin, I would basically get my period every two weeks, sometimes every 10 days. It restricted my life as it was so heavy it would make me house-bound for three days at a time," she said.

"My hormones levels were so bad that at times I wasn't right in the head - you think it's just you, but it's not.

"I felt so lethargic and drained. You can't work out why you're so tired. I felt like I was literally dragging myself along the ground. It was really tough.

"Since Dr Ciin diagnosed me and put me on medication, it has been life changing. I spend my days running after two high-energy children but now I can manage.

"I barely remember what life was like before all my issues started as it was so long ago, but now I feel like a new person. The diagnosis and treatment has had such a positive impact of my life."

Bree's message is to pay close attention to 'red flags'.

"Don't let a doctor disregard something being out on your blood test, even if it's only by one point because it could get much worse and the problems accumulate over time and other things can go wrong as a result," Bree said.

"I'm lucky that I had healthy children because having undiagnosed underactive thyroid due to Hashimoto's disease can cause terrible problems for a baby.

"If something isn't right, get it checked out properly by a specialist - and you may have to see a few specialists until you find the right one - like I did."

#### CLASSIC FEATURES OF HYPOTHYROIDISM DUE TO HASHIMOTO'S THYROIDITIS

Fatigue, lethargy, loss of energy, sleepiness, dry and coarse skin, hair loss, constipation, puffiness, weight gain, cold intolerance, heavy and irregular periods, muscle pain, joint pain, reduced exercise tolerance, infertility, miscarriage, enlarged thyroid (goitre), neck discomfort or trouble swallowing, depression, decreased sexual desire, slowed mental functioning, difficulty concentrating or thinking.

#### Indications for referral to an Endocrinologist

- Pregnant or planning for pregnancy
- Associated with thyroid nodules or goitre with obstructive symptoms
- Unresponsive to Levothyroxine or inability to maintain TSH level within target range
- Underlying heart disease
- Associated with other endocrine disorders
- Unusual constellation of TFT results
- Secondary or tertiary hypothyroidism
- Suspected myxoedemic coma

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# RISING TOLL OF ENDOMETRIOSIS IN THE WORKPLACE

*A leading endometriosis specialist is concerned about the condition's impact on working women.*



**A**n increasing number of women with endometriosis are battling anxiety due to its potential impact on their job prospects, according to a leading Gold Coast Private endometriosis specialist.

A/Prof Donald Angstetra said endometriosis was estimated to cost the Australian economy \$4.9 billion a year in lost productivity, with one in six women with the condition forced to give up work.

And despite the condition being relatively common – affecting one in 10 women – many endometriosis sufferers felt uncomfortable having to explain the gynaecological condition to their employers.

“It saddens me when I hear that patients have had to quit their jobs because endometriosis was affecting their ability to work,” said A/Prof Angstetra.

“I recently diagnosed a young woman who started our consultation by saying ‘I lost my job because of my endometriosis’. Her

menstrual period pain and ongoing pelvic pain had been impacting her life since she was 14 and she was sobbing and blaming herself for her condition.

“She said she felt like her employer didn’t believe the impact it was having on her, even when she handed in a medical certificate.

“Talking about endometriosis with supervisors can be challenging and that is why we need to raise awareness of the condition and normalise the conversation surrounding it.”

A/Prof Angstetra said women with endometriosis lost an average of five to 10 hours a week due to reduced productivity at work and at least one hour a week due to absenteeism.

Heavy doses of pain-relief medication could make it difficult for women with endometriosis to perform certain tasks, while chronic disabling pain during menstruation and bowel and bladder problems meant some found it difficult to stay in full-time employment.

“As part of a National Action Plan For Endometriosis, women with endometriosis need better support, understanding and acceptance of their condition without the fear of negative consequences from their employers,” A/Prof Angstetra said.

“It is important that supervisors help employees manage symptoms while at work rather than having them feel guilty for a medical condition they have no control over.”

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## A/PROF DONALD ANGSTETRA'S SEVEN SIMPLE STEPS FOR HANDLING ENDOMETRIOSIS AT WORK

### **Be honest with your employer**

While not everyone wants to discuss private health issues, it is important to make your employer aware of your condition. Don't be defensive – it will not help. Share information about the treatment you are undergoing and some of the basic facts about endometriosis. It is important to explain that one woman can be affected very differently to another.

### **Request flexibility**

Consider discussing a change of workplace arrangements with your employer, backed by a support plan from your gynaecologist. This could include shorter hours, alter start or finish times, or working from home. Workplace modification such as handling workloads, decreasing the pace of work or adapting workstations can also be helpful.

### **Be open with your colleagues**

Opening lines of communication with a trusted colleague may be helpful. This engagement can provide you with a friend that will understand when you need to take a break or are having a rough day. It may also help others provide better support by helping them understand your condition.

### **Be sensible with your job**

Endometriosis symptoms can be unpredictable so staggering tasks can be helpful. Knowing your pain tolerance threshold is important. Use an endometriosis app such as QENDO to track your pelvic pain and any related discomfort you have each month. Create a to-do list that is feasible and attainable. You may want to work on simple tasks when you are having a hard time and complete more difficult tasks when you are feeling better.

### **Be ready**

Be prepared at work when endometriosis-related symptoms flare-up. Keeping a heat pad in your desk may help reduce pain when you need it most. Additionally, keep painkillers on hand and remember that drinking plenty of water can help reduce bloating and cramping.

### **Be mindful with your body**

Take a break and get some breathing space as it can help maintain focus and productivity when working on a task for long time. It also allows a mental break. This may involve going for a walk, meditation or simply waiting for pain relievers to take effect.

### **Talk to your GP and/or gynaecologist about work concerns**

Symptoms of endometriosis will be ongoing and may require varying periods of leave from work. Talk to your treating doctor if you require a medical certificate or workplace adjustment certificate stating your condition.



A/Prof Donald Angstetra: "It is important that supervisors help employees manage symptoms while at work."

# DOCTOR'S MISSION TO STOP WOMEN WITH URINARY INCONTINENCE SUFFERING IN SILENCE

**G**ynaecologist Dr Genevieve Bishop knows a lot about urinary incontinence and how devastating it can be for women.

How the condition can affect up to 40 per cent of women and half of the women living with urinary incontinence are younger than 50. That about 65 per cent of women sitting in a GP waiting room have the condition.

Then there is the statistic that truly breaks her heart.

"Only 30 per cent of those women will actually seek help," says Dr Bishop, who has recently opened her women-based health care practice at Gold Coast Private after five years at a southern Gold Coast hospital.

"That's often to do with embarrassment and people being told 'it's just part of getting older' or 'it's one those things that happens after childbirth' when in actual fact there are many treatments we can offer women these days.

"Urinary incontinence can have a devastating effect on women's lives, no matter how big or small the issue is. It can stop them from socialising or participating in activities and lead to depression when they're too scared to leave the house.

"Many of them suffer in silence and I want them to know I can help give their lives back."

Defined as "any uncontrolled leakage of urine", urinary incontinence is a common problem that ranges from occasionally leaking urine when one coughs or sneezes to having an urge to urinate that is so sudden and strong they do not get to a toilet in time.

Inspired by a particular interest in urogynaecology, Dr Bishop completed an extra year of medical training at St George Hospital's internationally renowned Pelvic Floor Unit and now offers specialty urodynamics testing within her practice at Gold Coast Private.

"Being able to offer this particular test is significant for my patients," she said of the urodynamics testing, which can be bulk-billed.

"Rather than be referred elsewhere, we are able to have an initial consultation, assess their bladder function on-site and immediately look at their results so we can work out the best management plan for their situation, which can include physiotherapy, medication, lifestyle changes or surgery.

"I also find a lot of women with urinary incontinence prefer to speak with a female gynaecologist about the condition. It can be an uncomfortable topic for them and I provide a nice, comfortable environment where we can discuss it openly.

"I think a lot of women with urinary incontinence don't realise there is a lot we can do to give them their lives back. They can go dancing again, attend their exercises and socialise with friends without being in fear of not knowing where the closest toilet is."

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*'A lot of women don't realise there is a lot we can do to give them their lives back'*

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Dr Genevieve Bishop offers specialty urodynamics testing within her Gold Coast Private practice.



# INTRODUCING GRACE PRIVATE



Grace Private is committed to empowering and supporting every Grace woman on her individual journey.

**T**he team at Grace Private is on a mission to help women live their best lives.

Founded in 2015, the healthcare practice designed by women for women has earned a reputation for taking the stress out of visiting the doctor by providing excellence in care in a boutique friendly environment.

It is one of the only integrated women's healthcare practices on the Gold Coast offering a full range of gynaecology and obstetric services in one location, including fertility, maternal fetal medicine (MFM),

care for high-risk pregnancy, ultrasound, endocrinology and gynaecological oncology.

Committed to delivering optimal outcomes for all their patients, Grace Private empowers and supports every Grace woman on her individual journey supported by the amazing resources of Gold Coast Private.

As you will learn in the following pages, the practice is also home to a team of passionate and highly qualified clinicians who love nothing more than helping fellow women access the best of medical care and emotional support.

# MFM SPECIALIST ENSURING CONTINUITY OF CARE FOR HIGH-RISK PREGNANCIES



**H**aving a Maternal Fetal Medicine (MFM) specialist and cutting-edge ultrasound technology as part of Grace Private is proving a godsend for Gold Coast women desperate for continuity of care during their high-risk pregnancies.

With the public health system traditionally required to manage such cases, Grace Private founding member and obstetrician Dr Adriana Olog is the city's only private practice MFM specialist who also offers pregnancy care right through to delivery.

Coupled with a tertiary-level ultrasound and presence of Gold Coast Private's Special Care Nursery, an increasing number of women are no longer being forced to transfer the management and delivery of their complex pregnancies to the public sector.

"One of our key motivations for launching Grace Private was the ability to offer integrated women's healthcare in one location and that extends to high-risk pregnancies," said Dr Olog, who trained at one of Australia's leading Fetal Medicine facilities.

"Normally in the private sector, a woman who is deemed high risk or has had a previous complicated pregnancy is transferred to the public system because that is where they can access tertiary level ultrasound and MFM specialist input.

"Sadly, that means they often lose the thing they want most during pregnancy – continuity of care. You can't minimise the importance of the relationship a woman has with her obstetrician and navigating complex and often emotional discussions without them can be a struggle.

"My colleagues and I care for a lot of women with a complexity of medical conditions or who face hurdles during pregnancy and, in the majority of cases, we are able to continue to care for them and ultimately deliver their babies."

Dr Olog said Grace Private's investment in leading technology was also critical in the practice's ability to identify and manage high-risk pregnancies.

"A lot of people still underestimate the importance of tertiary-level ultrasound assessment but a woman can walk away from a scan at Grace Private knowing everything is perfect and if it's not, that it will be addressed immediately," she said.

"You don't just get an inkling that something isn't right and have to wait for a report to be sent to your GP. If a high-risk case emerges, everything stops for that patient and we provide time to ensure they are cared for immediately, be it invasive testing, discussing next steps or counselling.

"Having a complex medical condition that potentially puts your pregnancy at risk or learning your unborn child has a heart abnormality is an incredibly scary road but Grace Private's capacity to offer everything in one place is reassuring for women and their families.

"We give them clarity. They know how frequently scans will happen and what we are looking for when we do them. They also get the comfort of knowing the same person will share the entire journey with them."

It's also a sad reality that such journeys do not always end well.

"How we deal with difficult conversations is incredibly important and it requires a lot of nurturing counselling and choosing the right moment to share information," said Dr Olog.

"It can be surreal to see people walking outside a consulting room completely oblivious to the distress unfolding inside. It's heartbreaking to see someone at risk of losing their hopes and dreams and that's why it's so important the right people are caring for them when they do.

"Equally, it is so rewarding when they come back for care in their next pregnancy and happy outcomes are achieved."

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# EARLY DIAGNOSIS CRUCIAL IN OVERCOMING IMPACT OF ENDOMETRIOSIS ON FERTILITY

**A** leading gynaecologist has warned of the dangers of dismissing period pain as normal in a passionate bid to stem the silent toll of endometriosis on women's fertility.

Dr Tina Fleming, a founding director of Grace Private, said endometriosis was an "incredibly underdiagnosed" condition that was often left to linger for years despite the impact it could have on a female's ability to conceive.

Affecting about one in 10 women, the condition sees cells similar to those that line the uterus – the endometrium - grow in locations outside the uterus, with symptoms including fatigue, pain and heavy or irregular bleeding.

"It concerns me greatly that there is often a significant time lag between the first onset of endometriosis and diagnosis, especially considering its potential to cause infertility," said Dr Fleming, who is also a respected obstetrician.

"It's quite common for women to not be diagnosed with endometriosis for up to 10 years and that's why we need to increase community awareness that they need to be taken seriously when they raise the issue of period pain and not be pushed aside and told it is normal.

"Some women also trivialise their symptoms because they have been taught that women have to put up with pain. I would love people to unlearn that lesson because endometriosis is undoubtedly a silent fertility damager.

"I don't want to fear monger because 60 per cent of women with endometriosis will go on to conceive spontaneously. That said,

people with the condition are certainly over-represented when it comes to subfertility.

"About 60 per cent of women who have difficulty falling pregnant will have endometriosis and the worrying thing is many of them aren't even aware they have the condition until they raise concerns about how long it is taking to conceive."

Dr Fleming said endometriosis most commonly impacted fertility by affecting the optimal number of eggs available, the transit of the egg and sperm through the fallopian tube and the implantation process, along with creating physical barriers due to pain during intercourse.

And that is why early diagnosis and proactive family planning is essential.

"Society focuses a lot on contraception and how not to get pregnant when it comes to young people but part of the conversation also needs to be about pro-conception," said Dr Fleming.

"Females need to consider when they would like to start a family, what their ideal family numbers are, whether they have any risk factors for conception and, if so, what can be done to allow them the chance to realise their optimal family at the right time.

"That's even more so for women with a known diagnosis of endometriosis and I strongly recommend they talk to a specialist about how we can assess the likely impact on their fertility, such as blood tests that give us an idea of the toll on their egg numbers.

"Depending on what we find, we can then look at fertility preservation and the option of having their eggs frozen until they possibly need to use them.

DR TINA FLEMING



"It's not an easy road but there are few bigger buzzes you could have in a career than the privilege of guiding someone through such a journey and getting to hold their hand in the hard times and celebrate with them when they finally get to hold their baby. We're pretty lucky."

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# MOTHERHOOD PUT ON HOLD AS YOUNGER WOMEN EMBRACE FERTILITY PRESERVATION

**A**n increasing number of younger women are exploring fertility preservation in a bid to safeguard their dreams of future motherhood.

Grace Private obstetrician and gynaecologist Dr Tania Widmer, who specialises in fertility assessment and treatment, said egg-freezing was on the rise as a generation of women balance their current ambitions with a growing social awareness of the impact of age on fertility.

“We live in a very different world for women now and fortunately have the technology, services and expertise to have important discussions about preserving a woman’s fertility,” said Dr Widmer, who is also a fertility specialist.

“We meet a lot of women who want to delay starting a family for a variety of reasons, be it to pursue their careers, travel or they simply haven’t met the right person yet. Then there are those who thought they had met ‘the one’ but the relationship breaks down in their 30s.

“Freezing one’s eggs is a bit like insurance – you hope you never need to use them but you’ll be so glad you did if you do.”

Dr Widmer said fertility preservation was a particularly important consideration for women who were uncertain they wanted to become mothers.

“People assume every woman wants to have children but the reality is some females can’t answer that question until their fertility is declining,” she said.

“I had a consultation with a woman this week who is in a stable, long-term relationship but she’s just not sure she wants children. She’s in her early 30s and she worries what might happen if the desire to have children only comes when she’s 40 and there may be a delay in falling pregnant.

“Freezing her eggs now can give her peace of mind because one thing we know for certain is that the younger you are when you freeze your eggs, the higher the chances of a successful outcome if you ever need to use them.”

Partnering with Monash IVF, Grace Private offers women the rare opportunity to be cared for by the same specialist from the start of their fertility journey to the birth of their child.

“Walking that path with a woman when you have been with them from the very beginning is truly amazing and incredibly fulfilling,” said Dr Widmer.

“While some practices only offer fertility services, Grace Private provides women with integrated healthcare in one location and allows them continuity of care from fertility, pregnancy and postnatal support.

DR TANIA WIDMER



“I have cared for a number of women using eggs they had frozen in the last few years – even as long as 10 years ago - and it’s just wonderful to know they had that option when they needed it.

“Freezing eggs is actually a really simple process but the joy it can bring to someone’s future is indescribable.”

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DR HELEN GREEN



## DOCTOR'S PHILOSOPHY TO BALANCE FERTILITY PRESERVATION WITH CANCER TREATMENT

**A** gynaecological cancer diagnosis is devastating for any woman, let alone those yet to complete their child-bearing journeys.

Fortunately, a Grace Private specialist is helping females of reproductive age access all possible fertility options while simultaneously treating their cancer.

Gynaecological oncologist Dr Helen Green said about 20 per cent of gynaecological cancers occur in women younger than 40, many of whom still desire fertility.

"The importance of discussing the impact of cancer treatment on fertility early in a patient's journey cannot be understated," she said.

"When treating cancer, our first priority is always to ensure the best chance of success but women need to also be aware that if they don't address their fertility options before they start their treatment, they may miss an opportunity to have children in the future.

"Seeing a specialist with the knowledge and expertise to present potential treatments that respect a patient's fertility wishes is crucial and can reduce a lot of the anxiety and uncertainty that comes from not only battling cancer but yearning to give birth in years to come."

Dr Green said scientific and technological advances meant she was increasingly able to balance the need for cancer treatment with a woman's desire to preserve fertility.

"Gynaecological cancer treatments have traditionally required radical surgery or high doses of chemotherapy and radiation but the profession has done a lot of work in recent years to determine which cancers can be treated in a less aggressive fashion," she said.

"One example is endometrial cancer, which previously required the standard treatment of a hysterectomy but now sees women who meet certain criteria treated with hormonal therapy that can stimulate the regression of the cancer and allows women to get pregnant after a cure is achieved.

"In certain cases, treatment is also combined with weight loss therapy, be it through exercise or surgery. This gives our patients the best possible chance that the cancer will regress and they will still be able to conceive.

"Cervical cancer is another case as it has been traditionally treated by removing the uterus and cervix altogether or using radical chemotherapy and radiation, which destroys the ability of the ovaries to produce eggs and the uterus to carry a pregnancy.

"Following a lot of research about the biology of cervical cancer, we can now better define patients who can safely undergo less radical surgery that will preserve their uterus and cervix and, in turn, allow them to still have children."

Dr Green said radical cancer treatments also need not signal the end of a woman's motherhood ambitions.

"For patients who do need radiation, we are able to consider surgery that moves their ovaries out of the radiation field and if that is not an option, we then work with Grace Private's fertility specialists to consider other options," she said.

"Even if a hysterectomy is required, we can discuss the option of harvesting and freezing the woman's eggs so she may one day have a surrogate carry a pregnancy for them. There are many ways of becoming a parent in 2021 and our Grace Private fertility specialists and psychologists are experts in the field.

"Most GPs know they should be having these conversations early when confronted with a cancer diagnosis but it's equally important that patients know to connect with a fertility specialist as soon as possible to talk about their options."

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## EMPOWERING WOMEN TOP OF THE LIST FOR PASSIONATE GOLD COASTER

**D**r Yasmin Pilgrim has returned to her beloved home town with a mission to inspire more Gold Coast women to feel empowered during their pregnancies.

A highly credentialed obstetrician and gynaecologist, the mother of two grew up at Mermaid Beach and studied medicine at Bond University before embarking on a career that has seen her work at hospitals across Queensland including metropolitan, regional and rural communities.

Now, having joined Grace Private in January, Dr Pilgrim is bringing her passion for women-centred care back to the community she loves most.

“Early in my career I spent time at Brisbane’s Mater Mothers’ Hospital and that’s when I fell in love with working with women,” she said.

“I saw what unfolded during their pregnancies and was blessed to share the experience they had during that journey. It’s just incredible to watch that first moment when parents get to look at their new bub for the first time.

“It’s beautiful and ever since then I’ve been practising women’s health and every year it gets better. I still love going to work. I love what I do.”

Dr Pilgrim, who also has a psychology

degree, said building trust with her female patients was essential in her quest to empower them during pregnancy.

“There can be a big fear aspect about giving birth and that’s why it’s so important that I connect with the women I care for and create a sense of familiarity that puts them at ease,” she said.

“It’s about sitting down and listening to them. It’s about giving each of them the time they need to express how they’re feeling and facilitating a birth plan that’s unique to them and their families and ensuring there is trust between us because trust is so important.

“I want them to feel empowered during pregnancy, to know that they have a voice and to realise that delivery can be personalised in a myriad of ways. Their wellbeing in pregnancy is my priority.”

With a special interest in high risk medical conditions in pregnancy, Dr Pilgrim said she felt privileged to have joined a practice designed by women for women and that offered females integrated healthcare in one location.

“I believe we, as obstetricians, can play a pivotal role in the lives of women and their families by ensuring a collaborative and holistic approach to healthcare,” she said.

“One of the things that most excites

DR YASMIN PILGRIM



me about Grace Private is the ability to work alongside like-minded obstetricians, physiotherapists, dieticians and midwives because everyone plays a crucial role helping women through their pregnancy journey, not just the medical side.

“I’m also looking forward to the continuity of care. I will meet women in the early stages of their pregnancy and have the opportunity to guide them through their entire pregnancy and be there to support their baby being born.

“That doesn’t always happen in the public system and it’s a true blessing.”

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DR BRIDGET GILSENAN



## NO NEED FOR ALARM WHEN DEALING WITH ABNORMAL PAP SMEARS

**D**r Bridget Gilsean is on a mission to alleviate stress for women who receive an abnormal cervical screening test result (previously known as 'pap smear').

"I've noticed it can be a scary experience and I want to reassure them there is a huge leap from being told you need further testing to being diagnosed with cancer," the Grace Private gynaecologist said.

"The vast majority of women who receive an abnormal result will not even require treatment. Then there is the fear of visiting a gynaecologist for a colposcopy, which is understandable as we all know that being asked to see specialist can be stressful.

"That's why Grace Private offers a patient experience that is all about communication and reassurance. We take the time to explain what an abnormal result means, what the colposcopy will involve and ensuring the procedure is done in a very gentle and woman-focused manner.

"Dealing with an abnormal pap smear should not be a nightmare."

Dr Gilsean said it was essential that women who have been advised to have a colposcopy due to an abnormal cervical screening test result should do so in a timely manner.

The procedure sees the gynaecologist use a specialised microscope called a colposcope to closely examine the cervix for signs of

disease. If abnormalities are detected, a biopsy of the cervix is taken for analysis and the test results divided into high-grade or low-grade changes.

"Women often tell us after the colposcopy that it wasn't as bad as they thought it would be, which is quite reassuring," said Dr Gilsean.

"It's just like having a pap smear but takes an extra minute or two because we need to look at the cervix in detail with a microscope. We are often able to use a smaller speculum, which is more comfortable, and the procedure is done in a very gentle and reassuring way."

Dr Gilsean said the vast majority of women with low-grade changes were merely required to have another cervical screening test in a year as such changes normally revert without treatment, especially in females younger than 30.

And as for women with high-grade changes? "We talk to them about having a LLETZ (Large Loop Excision of the Transformation Zone), which is a minor day procedure, not painful for the woman and has very few risks," said Dr Gilsean.

"I will then call within seven days to let them know their results and most of the time we have removed all the abnormal cells and there is an extremely high cure rate.

"We also have very strong referral pathways in place to manage unexpected cancer results, with communication at the forefront of everything we do.

"That's the way I've always approached any abnormal results and, more than anything, that's what women want most. They want to receive clear information about their individual circumstances. They don't want to feel rushed. They want time to ask questions and to talk about their concerns."

National guidelines for cervical screening testing have changed in recent years, with women now recommended to be tested every five years as opposed to the previous two years.

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# CALL FOR MORE WOMEN TO SPEAK UP ABOUT THE TOLL OF HEAVY PERIODS

**G**race Private obstetrician and gynaecologist Dr Sally Cohen is calling for more open discussion about the toll heavy and painful periods are taking on women and for women to seek help early rather than battle on for years until they can no longer function.

Abnormal uterine bleeding affects up to a third of females during their lives and almost a quarter of women in their 30s and 40s.

"I regularly hear from women who wear multiple levels of pads and have changes of clothes in their cars because they have heavy bleeds," said Dr Cohen.

"Some women are requiring blood transfusions for extreme blood loss while others don't want to leave the house during a heavy period for fear of a public incident and that's really sad because there are options to help them.

"This is not something women 'just need to put up with', which is what a lot of them are told.

"Management and treatment can be initiated early by seeking help from your GP who should organise some baseline investigations and refer to a gynaecologist to review the possible causes and then discuss all the treatment options.

Dr Cohen said it was crucial GPs recognised abnormal uterine bleeding as a serious health concern that required specialist referral.

"For those women who do take the first step of visiting a GP, there can be a disconnect about what happens next," she said.

"GPs have a really important role to play in referring women with abnormal uterine bleeding to a specialist so we can manage the current episode of heavy bleeding and help reduce the overall blood loss in subsequent cycles."

Dr Cohen said potential treatments included medical and surgical options, which were determined by factors such as overall acuity, cause of bleeding, underlying conditions and personal situation.

"My job is to identify the cause and then offer appropriate options based on a woman's age, her stage of life and an open discussion about what she wants for the future," she said.

DR SALLY COHEN



"A teenager or young woman who dreams of having a child will require something very different to a 45-year-old woman who has completed her family. If left untreated, abnormal uterine bleeding can have serious implications and that's why we need to bring the conversation into the open.

"Previous generations of women did not tend to discuss problems with their periods. They just put up with it and soldiered on. It can be a difficult topic to discuss but I can't stress enough that it's an incredibly important one."

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DR JANE TELLAM



## PRE-PREGNANCY CARE ESSENTIAL WHEN DEALING WITH THYROID DYSFUNCTION

**A** Gold Coast Private obstetric physician is encouraging aspiring mothers to put healthy thyroid function high on their radar before trying to fall pregnant.

Grace Private's Dr Jane Tellam, who is also an endocrinologist, is the practice's go-to specialist when it comes to guiding women with medical conditions through pregnancy and is keen to raise awareness of the need to identify and treat thyroid dysfunction before the vital first trimester.

"Early pregnancy is when all the baby's organs are forming and they are fully dependent on the mother's T<sub>4</sub>, which is the main form of thyroid circulating in the blood," said Dr Tellam, who has a particular interest in preconception care, diabetes in pregnancy and adult endocrine conditions.

"That's why preconception and early pregnancy is a vital time for women to have normal thyroid function but unfortunately they sometimes miss the boat to stabilise the thyroid in that vital period.

"While some women don't know they are pregnant until it's too late, there are times it's not addressed before pregnancy because GPs are not aware of what we can do to stabilise the condition or the patient does not follow their recommended treatment.

"If you take measures to stabilise your thyroid function before or during the early stages of pregnancy, you are setting yourself up for a good outcome."

Dr Tellam also stressed that some prescribed treatments for low thyroid levels – namely the T<sub>3</sub> supplement – were not appropriate for pregnant women.

"These poor women think they are doing the right thing by controlling the thyroid with T<sub>3</sub> but they're actually putting their baby at risk because the T<sub>3</sub> does not cross the placenta," she said.

"The supplement stops the mother's body giving the baby the T<sub>4</sub> it needs."

Dr Tellam said risk factors of thyroid dysfunction included a family or personal history, people with Type 1 diabetes or morbid obesity and those who have had head or neck radiation, recurring miscarriages, difficulty falling pregnant or severe morning sickness in previous pregnancies.

Meanwhile, symptoms can range from weight gain, extreme fatigue, constipation and low moods for low thyroid levels to weight loss, lack of sleep, diarrhoea, racing thoughts and heart palpitations for people with high thyroid levels.

"There is no need for routine screening but if you are wanting to conceive and have risk factors or symptoms, you're best off seeing a preconception specialist to make sure you've got all your ducks in a row prior to coming off contraception," Dr Tellam said.

"The concern about identifying thyroid dysfunction in early pregnancy is the medications we prescribe take at least two weeks to start working. It's high stakes and that's why it's so important people are aware of the issue.

"That said, babies are remarkably resilient and there are many things we can do to stabilise the thyroid during pregnancy. We also have a wonderful Maternal Fetal Medicine specialist at Grace Private who is an expert at managing the baby's care.

"I'm so lucky to have all the specialists I can collaborate with at Gold Coast Private and feel blessed to care for the women I do – and, best of all, I get to meet their beautiful baby at the end of it."

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# GESTATIONAL DIABETES SPARKS DECADES-LONG HEALTH BATTLE THAT MAY FINALLY BE OVER

*Tipping the scales at almost 100kg, Jennifer Chaumont was facing a tough future. Then she met bariatric surgeon Dr Harald Puhalla.*

**G**estational diabetes was the start of a 30-year health battle for Jennifer Chaumont, who now ‘has her life back’ thanks to bariatric surgery that helped her shed an incredible 43 kilograms.

When pregnant with her son in 1984, Ms Chaumont developed gestational diabetes, which later developed into Type 2 diabetes requiring a daily regimen of tablets and eventually up to 50 units of insulin to control symptoms.

An episiotomy during childbirth which failed to heal properly compounded her problems, ultimately leading to a rectal prolapse which caused fecal incontinence and painful bowel movements.

Ms Chaumont said her weight reached 99 kilograms before she underwent an Omega Loop gastric bypass with Gold Coast Private bariatric surgeon Dr Harald Puhalla, helping her shed the pounds and bring her diabetes and bowel symptoms under control.

Also known as a ‘mini bypass’, the Omega Loop is a minimally-invasive weight loss procedure that attaches a loop of small intestine to a pouch created in the stomach. The pouch reduces the capacity to hold food and the slightly shortened small intestine reduces food absorption, leading to weight loss.

The substantial long-term weight loss has shown to bring multiple health benefits including reduced risk of heart disease, improved back and joint pain, fertility, remission of diabetes and quality of life.

Ms Chaumont is now down to a healthy 56 kilograms and has a new lease on life, owed to Dr Puhalla and his team, which she said she now considered her ‘second family.’

“I had no quality of life prior to my surgery,” she said.

“I was at the point where I was waking up in the middle of the night in agony, feeling like I needed to have a bowel movement, but it could sometimes take more than an hour to pass through me, and sometimes the strain led to the lining of my bowel coming through my anus.

“On other occasions, I’d needed to go to the toilet urgently and would have to deal with incontinence that made me nervous to be out and about.

“The combination of pain, diabetes and incontinence made it difficult to manage my weight through exercise and nutrition.

“I was given vitamin supplements but they were not being absorbed into my system properly, and at times I was so ill all I could keep down was some milk.”

Ms Chaumont said she now had a new lease on life after losing more than 40 kilograms in the six months following her surgery.

“This surgery has truly given me my energy and my life back,” she said.

“I was initially told my only option to correct the prolapse was to have recurrent bowel surgery or a colostomy bag, but the Omega Loop has saved me from that.

“While I did have other surgeries including bowel reconstruction, removal of my gallbladder and a hysterectomy prior to the Omega Loop, the weight loss has been instrumental in helping me to maintain proper exercise and nutrition, which keeps my symptoms at bay.”

Dr Puhalla said the Omega Loop bypass was more effective and had a higher rate of long-term remission of Type 2 diabetes than the traditional gastric sleeve operation.

“While both the Omega Loop and the gastric sleeve help to reduce the stomach’s food intake, bypassing the upper tract of the small bowel actually stimulates insulin production and allows the body to use insulin more effectively,” he said.

“For patients who are on insulin to manage their diabetes, the Omega Loop bypass is the preferred procedure, while a gastric sleeve might be sufficient for someone who doesn’t take insulin but needs to lose weight to manage symptoms.

“The Omega Loop bypass has been effective in allowing patients to come off insulin while also resolving a number of co-morbidities often seen with Type 2 diabetes, such as back pain, high cholesterol, high blood pressure and poor sleep.

“Any patient with a BMI over 40, or over 35 with co-morbidities, is considered a good candidate for Omega Loop bypass surgery.”

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Jennifer Chaumont has gone from battling weight issues for decades (top left) to having a new lease on life thanks to the support of Dr Harald Puhalla (bottom left): "This surgery has truly given me my energy and my life back."



# BOTOX INJECTIONS EASING PATH TO RECOVERY FOR STROKE VICTIMS

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*Botox may normally be associated with hiding wrinkles but it is proving a blessing for Gold Coast Private patients recovering from stroke.*

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**A** Gold Coast Private rehabilitation medical specialist is using cosmetic wonder drug Botox to provide stroke victims with renewed hope of pain-free movement.

Dr Jom Jiao, who completed an undergraduate degree in occupational therapy before pursuing medicine, is a passionate advocate of the neurotoxic protein's ability to benefit patients battling spasticity, a condition where muscles become stiff and contracted after neurological injuries.

"Most of the patients I treat with Botox have suffered strokes and find that months or even years later they have developed spasticity that is not only painful but means they can no longer use the limb," said Dr Jiao, who opened his Gold Coast Private clinic in late 2020 after working for almost two decades in public and private hospitals in Queensland and New South Wales.

"Sadly many specialists simply accept the patient has a tight limb and they can't do anything about it, but we need to raise awareness that Botox can relax the muscle, help the limb move and deliver long-term benefits when combined with an individualised rehabilitation program."

Dr Jiao said using Botox to soften tight muscles was just one piece of the rehabilitation puzzle.

"While some doctors inject their patients and say 'I'll see you in three months', I team with the likes of physiotherapists and occupational therapists to plan the patient's rehab even before the injection," he said.

"We know what we want them to achieve and our expectations for the injection. I spend a lot of time assessing the patient and setting rehab goals to ensure they give themselves the best chance of ongoing function of the limb.



## WHAT IS BOTOX?

Botox is a neurotoxin that targets the nervous system, disrupting the nerve signalling processes that stimulate muscle contraction and causing temporary muscle paralysis. In order for any muscle to contract, the nerves release a chemical messenger called acetylcholine at the junction where nerve endings meet muscle cells. Acetylcholine attaches to receptors on the muscle cells and causes the cells to contract or shorten. Botox injections prevent the release of acetylcholine, which stops the muscle cells from contracting and in turn helps the muscles to become less stiff.



Rehabilitation medical specialist Dr Jom Jiao has trained in using ultrasound-guided procedures, which is considered the gold standard for delivering Botox injections.

“I don’t inject just for the sake of softening tight muscles. The injection is the easy part but you need to be wary because without the patient committing to a dedicated rehabilitation program, they can end up doing more harm than good.

“Botox is also an expensive drug so it can be a waste of money without the right rehabilitation program. I tell all my patients I won’t inject them unless they can commit to the rehab.”

While Botox is often used by neurologists, urologists and geriatricians, Dr Jiao said he had embraced the drug in the rehabilitation setting during the past five years.

“A large proportion of the patients I saw at my Brisbane clinic have benefited from my expertise in using Botox and I’m now keen to help Gold Coasters in a similar manner,” he said.

“While many doctors identify where to inject the Botox via anatomical landmarks, I have trained in using ultrasound-guided procedures which is considered the gold standard for delivering Botox injections.

“As someone who is passionate about rehabilitation, Botox is an incredibly valuable tool although I do spend a lot of time having to tell people I don’t do wrinkles (laughs). If someone wants to use Botox for cosmetic reasons, I’m more than happy to refer them to someone else.”

**FOR MORE INFORMATION CONTACT DR JIAO  
OR VISIT YOUR GP FOR A REFERRAL.**

Gold Coast Private Specialist Suites  
Gold Coast Private Hospital  
Ground Floor, 14 Hill Street, Southport  
T: (07) 5530 0770  
F: (07) 5530 0687







Leanne Fletcher and daughter Emeila are all smiles after reaping the benefits of Gold Coast Private's settling program.

## THE NEW PROGRAM GIVING FAMILIES BACK THEIR SLEEP

*A holistic approach to sleep is helping Gold Coast parents regain confidence when it comes to their babies' bedtime routines.*

**G**old Coast mother-of-two Leanne Fletcher found herself in tears daily during what was meant to be one of the happiest times of her life.

The 33-year-old had given birth to her second child and was feeling overwhelmed and exhausted, with seven-week-old Emeila refusing to settle or sleep.

While having dealt with broken sleep with her first child, now three-year-old Nathaniel, Leanne felt prepared to do it all again but this time around things were very different.

"Obviously with a newborn and a toddler, I knew things were going to be a lot more tiring and intense than my first time around," she said.

“You expect the broken sleep and challenging days but Emeila just wasn’t settling at all. Every day my husband and I would say ‘Things will get better tomorrow’ but it seemed as if we were on a downward spiral and things were getting harder.

“Emeila was unsettled day and night, she refused to sleep anywhere and on a good night for us, we’d have been lucky to have two hours sleep.

“After seven weeks I was dealing with extreme exhaustion and just knew I couldn’t keep up anymore, so I went to my GP in tears just feeling so helpless.

“My doctor, Dr Nora Cadman, recommended we seek professional assistance to help Emeila sleep and to feel supported as a family so after liaising with our paediatrician, Dr Stephen Withers, she recommended Gold Coast Private’s settling program within its Paediatric Care Centre.”

Leanne says “that drive” to the hospital was a moment she’ll never forget.

“I felt so nervous driving to Gold Coast Private Hospital as I was so worried they would think I’m a bad mum for not being able to settle my own baby or cope with the lack of sleep,” she said.

“But the moment we walked through the doors, it was like an instant weight had lifted off my shoulders – the staff were so welcoming and warm and I just knew we were in the right place.

“For the first day, the nurses took care of Emeila while I got some much needed rest, then they observed our family’s routine and lifestyle to work out what we could do to help her settle more easily.

“We worked as a family to implement a routine that suited us and also learnt a lot more about reading Emeila’s body language so we could pick up on when she was getting tired, verbal sleep cues and swaddling her in a way that she felt safe and secure.”

In three days, Leanne says she couldn’t believe the difference - not only in baby Emeila but in their family dynamic.

“The first few days were definitely challenging but by day three I could see things turning around and the foggy we felt as a family was clearing,” she said.

“Not only were the nurses helping teach us how to settle Emeila with success, they were settling us as a family and a feeling of confidence was surfacing once again.

“There was certainly an element of extra comfort being within the paediatric ward.

“The settling program at Gold Coast Private was life-changing for us. Not only was our baby sleeping and thriving, so was our toddler and we felt more calm and confident as parents.”

Gold Coast Private Acting Nurse Unit Manager Kylie Dunphy said the settling program was modelled from the infant sleep program developed by the Murdoch Children’s Research Institute and Royal Children’s Hospital in Melbourne, then tailored to suit the values, goals and expectations of each family.

Designed to assist babies up to 12 months of age, she said it was an arm of support for families struggling to establish a routine.

“There are a lot of parents struggling with newborns and infants who have trouble settling and sleeping but help is available and it is important that families seek it,” she said.

“Demand for sleep services is increasing and while there are a growing number of private consultants, there are few programs within a hospital setting that are covered by health insurance.

“We created the Gold Coast Private settling program to offer families education and support from a team of qualified nurses in our Paediatric Care Centre.

“Our team, most of whom are parents themselves, have been specially trained through the Murdoch Children’s Research Institute infant sleep program to use responsive comforting techniques.

“Families who take part in the program can feel confident they are learning from trained professionals using evidence-based practices backed by one of the country’s most respected healthcare facilities.”

Ms Dunphy said while some sleepless nights were expected with a baby in the house, it was not normal for infants to be consistently unsettled.

“Parenting is tiring. We all know there’s broken sleep when newborns need feeds during the night but when a baby is not enjoying solid windows of sleep, it can be exhausting and overwhelming for parents and it is important they seek help,” she said.

“Our Paediatric Care Centre provides a warm and welcoming space for frazzled and fatigued parents to come for a three-day stay and learn proven settle and sleep techniques in a supported environment.

“We take a holistic approach and work with each family to customise a routine that is right for their circumstances and aligns with their values and goals.

“Parents have the added comfort of knowing they’re in a professional space with paediatric nurses, ensuring they go home with the skills and confidence to implement a routine that suits their family.”

Ms Dunphy said it was rewarding to see babies finally establish good day sleeps, have solid hours of night sleep and witness families regain their confidence.

“It’s very gratifying to see parents leave feeling more calm and confident as a family,” she said.

“What we educate them on in the ward must be carried on at home and when we speak with them at around the two-week mark, it’s very fulfilling to hear of their life-changing experiences.”

The Gold Coast Private settling program can be accessed via a referral from a Paediatrician or GP. The cost of the program is generally covered by private health insurance but it is also open to uninsured patients for a nominal fee. During the program, one parent stays with the child in a private room with all meals provided.

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**FOR MORE INFORMATION CONTACT GOLD COAST PRIVATE OR VISIT YOUR GP FOR A REFERRAL.**

Gold Coast Private Settling Program  
Gold Coast Private Hospital  
14 Hill Street, Southport 4215  
T: (07) 5530 0819  
F: (07) 5530 0660

# BORN AT GOLD COAST PRIVATE

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



INTRODUCING  
**Matilda Mae Burns**  
PARENTS: KATRINA AND MATT BURNS

Born: 17/05/2021 Time: 7:56am Weight: 3.15kg



INTRODUCING  
**Hugo James Smith**  
PARENTS: KELLIE AND DAVID

Born: 26/02/2021 Time: 7:26am Weight: 2.93kg



INTRODUCING  
**Grayson Theo Marton**  
PARENTS: SAMANTHA AND JOSEPH

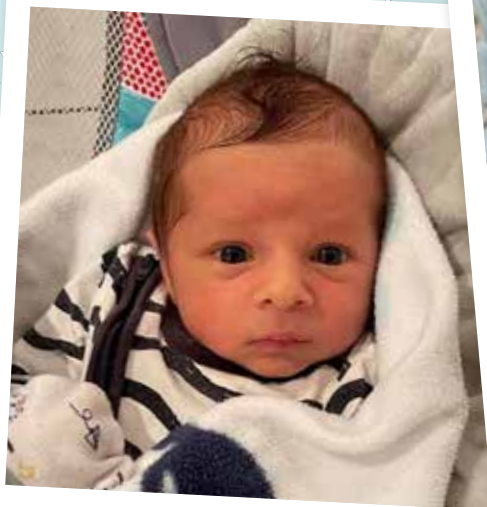
Born: 15/04/2021 Time: 7:06pm Weight: 4.81kg



INTRODUCING  
**Samira Saskia Dwyer**  
PARENTS: JOSH AND MARIA

Born: 26/02/2021 Time: 7:10am Weight: 1.70kg





INTRODUCING  
**Charlie Seto Conomos**  
PARENTS: NINA AND NIK

Born: 16/04/2021 Time: 6:00pm Weight: 2.8kg



INTRODUCING  
**Levi Christopher Hadfield**  
PARENTS: ROBERT AND RICHELE HADFIELD

Born: 21/05/2021 Time: 6:33am Weight: 3.875kg



INTRODUCING  
**Cruz Daniel Exler**  
PARENTS: DANIEL AND CARMEN

Born: 29/04/2021 Time: 4:31pm Weight: 3.52kg



INTRODUCING  
**Anna Gwen Cuereel**  
PARENTS: JASON & EVI

Born: 10/05/2021 Time: 6:55am Weight: 4.7kg



INTRODUCING  
**Ardie Raymond Urry**  
PARENTS: TYSEN AND LUCY

Born: 21/05/2021 Time: 9:44pm Weight: 4.53kg

# MUM'S THE WORD

## I'VE FOUND OUT I'M PREGNANT WHAT HAPPENS NEXT?

BLOG BY MATERNITY MANAGER JUDY ROSS

**F**inding out you are pregnant is an exciting moment but can also be overwhelming. Here's an overview of the major tests, scans and other milestones you can expect during each trimester of your pregnancy.

### TRIMESTER ONE – 1-12 WEEKS

Your first step should be seeing your GP, who will set you up with a referral to see an obstetrician. If you choose to have your baby privately, you will have your first obstetrician visit between six and 12 weeks and an ultrasound may also be conducted. You will also want to choose which hospital you want to give birth at. Take the time to visit your hospital, tour the maternity ward and ask lots of questions.

#### Trimester One Tests

**NIPT:** From 10 weeks you can opt to have a Non-Invasive Prenatal Test (NIPT) which screens for some chromosomal and genetic disorders such as Down's Syndrome. This test can also determine the sex of your baby. NIPT involves a blood test and costs between \$500 and \$700 – none of which is covered by Medicare or private health insurance.

**Nuchal Scan:** The first major scan happens at 12 weeks and is called the nuchal scan. It checks the growth of your baby and measures the folds at the back of the neck to determine if your baby is high- or low-risk of Down's Syndrome. With a referral from your GP or obstetrician, you will need to get a blood test about five days before your scan. The nuchal scan can be done in place of NIPT or some women opt to have both.

### TRIMESTER TWO – 13-26 WEEKS

Your second trimester is when you may begin to notice physical changes. If you are having your baby at Gold Coast Private, we ask mothers to complete their e-admission forms so we can book in your first midwife appointment for around 20 weeks. We will also book you in for antenatal classes which we recommend attending around 28 weeks.

#### Trimester Two Tests

**Amniocentesis:** If you received a 'high-risk' result for chromosomal or genetic abnormalities in either your NIPT or nuchal scan, you have the option of a further test at 16 weeks called an amniocentesis. During this procedure, a sample of amniotic fluid will be taken via a needle through your stomach and tested for various conditions.

**Morphology Scan:** At the 18 to 20-week mark, a detailed ultrasound is performed to assess the development of the baby. Parents can also find out the gender during this scan.

**Glucose Tolerance Test (GTT):** Between weeks 24 and 28 you will be tested for gestational diabetes through a glucose tolerance test. You will need to have a referral from your obstetrician and book your appointment with a pathology lab as the test takes about two hours.

### TRIMESTER THREE – 27 WEEKS TO BIRTH

Trimester three is a very exciting time but it is also when mums will likely feel the most uncomfortable. Your obstetrician visits will become more frequent – we usually advise parents to visit their obstetrician every two weeks in weeks 32-36 and then weekly until birth. Now is also the time to make sure you are ready for when baby arrives – pack your hospital bag, have a car seat fitted and get the nursery ready.

### Trimester Three Tests

**Vaginal Swab:** At 32-34 weeks your obstetrician will perform a low vaginal swab to check for Group B streptococcus (GBS), a common bacteria that can pass from mother to baby during labour and lead to infection.

### THE INJECTIONS

**Anti D:** Early in your pregnancy, your doctor would have checked your 'Rh factor' as part of a routine blood test. If you are in the 15 per cent of women who are Rh Negative, you will have an Anti D injection at 28 weeks and again at 36 weeks.

**Whooping Cough Vaccine:** Between 28 and 32 weeks, you will receive a whooping cough vaccination to ensure your baby is protected from the moment it is born. For women at risk of having their baby early, the whooping cough vaccine can be given as early as 20 weeks.

**Influenza Vaccine:** For those who fall pregnant during flu season, we recommend you get the annual flu vaccine as early as you can.

For more blogs and education materials, visit [www.goldcoastprivatematernity.com.au](http://www.goldcoastprivatematernity.com.au).

If you've had or are having your baby at Gold Coast Private, you can also join our online community on the Facebook group – Born At Gold Coast Private.

For more information contact Gold Coast Private Maternity on (07) 5530 0726.

# 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...*



## JORDAN LESSING

Registered Nurse

**A**fter bungee jumping at 11 and skydiving at 15, it's no wonder Jordan Lessing loves the fast pace and adrenaline of emergency nursing. "I love how unpredictable it can be and how you never know who you might be treating next," says Jordan, an RN in the Gold Coast Private Emergency Care Centre.

"I love the relationships we form with our patients. They walk into emergency so vulnerable and we are the first faces they see. I always try to make their first moments as comfortable as possible through lots of smiles and care.

"I love the diversity. I can be caring for people of all ages and presentations - from trauma to palliation and newborns to the elderly."

Jordan originally wanted to become a speech therapist as she has deaf cousins and can communicate through basic sign language, but she fell in love with nursing.

"My brother and father have been affected by cancer (brain and lymphoma) and I think that had a huge influence on why I wanted to be in the medical field," she says.

"I have always loved caring for people and been fascinated by how the human body recovers. Nurses have such a strong influence on their patients and I love the responsibility that we have to make a positive impact on everyone we care for."

Jordan's advice to junior nurses ...

"Don't be afraid to get stuck in and learn as much as you can. Never pass an opportunity to learn something new and grow your skills and don't hesitate to ask as many questions as you can."

Great advice coming from a great nurse who we're thrilled to have at Gold Coast Private.



## DINH TRUONG

Manager - Biomedical Services

**D**inh Truong has one of the lesser-known but extremely important jobs around our hospital - he is an engineer in our Biomedical Department and Manager of Gold Coast Private Biomedical Services.

Dinh works in a team of three engineers who look after all medical equipment - from smaller, basic machines like thermometers, ECG machines, defibrillators and patient monitoring systems to sophisticated technology like ventilators and anaesthesia systems.

Dinh says his job gives him a real sense of satisfaction.

"The work I do helps improve the lives of patients in our hospital by ensuring all medical equipment is safe and performing at its peak," he says.

"Biomedical technology is constantly changing and expanding and I enjoy the challenges and learning new things every day."

Dinh has been "tinkering" with things since he was a child.

"I've always like to build and fix things - pulling them apart and putting them back together ... not always successfully," he admits.

"I get to do it for work and pleasure and at home I love playing Lego with my two little sons who are three and five years old."

If he wasn't a biomedical engineer, Dinh says he'd be a farmer growing rice on his family land in Vietnam.

We're glad he's chosen this field instead and we're even happier he's chosen to work at Gold Coast Private. Thanks Dinh.



# NEWS IN BRIEF

## CELEBRATE GOOD TIMES

**H**appy birthday to us! Happy birthday to us! That's right – we celebrated a special milestone when staff gathered to mark five years since the opening of Gold Coast Private (right). Having called Allamanda home for 37 years, our 300-strong team from across all departments completed the seemingly impossible task of transferring an entire hospital to our new site on March 12, 2016. Our fifth birthday was a time to reflect, rejoice and, of course, enjoy a few tasty treats.

## SOLD-OUT SESSION

**M**ore than 100 general practitioners have benefited from Gold Coast Private's annual 'Women's Health in General Practice Update'. The sold-out session saw leading Gold Coast Private specialists share their knowledge of topics including endometriosis, adenomyosis, fibroids, benign and malignant breast lumps, menopause, ovarian cancer and contraception. With the hospital hosting fortnightly continuing professional development (CPD) events, GPs should ensure they are on our event database so they don't miss out on updates.

## TOUCHING TRIBUTE

**O**ur amazing staff's commitment to go the extra mile for our patients has been celebrated on the front page of The Courier Mail (below). In a touching story, Melissa Whittley recalled how she emerged from a coma after losing her baby to find a handwritten card from a Gold Coast Private nurse beside her hospital bed. "Your baby wasn't alone," the card read. "We cared for him and prayed for him. Someone so special can never be forgotten." Reflecting on son Ari, Ms Whittley said: "For a stranger to reach out and say to me that he wasn't alone and they cared for him was quite unbelievable."



## ALL HEART

**W**e are beyond proud of the more than 100 Gold Coast Private staff who came together to tackle an epic 12-hour resuscitation challenge to raise awareness of one of Australia's biggest killers – heart disease (above right). The CPR relay, which raised funds for the Heart Foundation, saw teams of five take 30-minute shifts performing non-stop cardiac compressions to keep a full-body mannequin 'alive'.

## VICKI'S AMAZING GIFT

**W**e treat many amazing people at Gold Coast Private – and then there's Vicki! During her three-week stay with us, the wonderful woman kept her hands busy knitting a collection of cute beanies in our Maternity Ward. Vicki says she absolutely loves knitting and her nana taught her everything she knows about the craft, which is wonderful news for Gold Coast Private Maternity's parents and newborns.

# NEW FACES



## DR VENU BHAMIDI

*MBBS, FRACS*

**VASCULAR & ENDOVASCULAR SURGEON**

**D**r Venu Bhamidi (Bhamidipaty) is a firm believer of patient-centred, value-based healthcare for all his patients. His practice involves all aspects of vascular surgery including open and minimally invasive (endovascular) therapies for carotid, aortic, upper and lower limb vascular disease, as well as endovenous varicose veins treatment.

After finishing medical school in North Queensland, Dr Bhamidi completed his specialist vascular surgical training through several world-class institutions in Perth, Melbourne, Auckland (New Zealand) and Toronto (Canada). He returned to Auckland as a Vascular & Endovascular Surgeon in Auckland City Hospital and Senior Lecturer at the University of Auckland before being recruited to Gold Coast University Hospital in 2020, allowing him to be closer to his extended family.

Dr Bhamidi has a sub-specialty interest in Complex Endovascular treatment of Aortic Aneurysms and Diabetic peripheral arterial disease/foot wounds. He has been published in numerous journals, written book chapters and served as the Assistant Specialty Editor (Vascular Surgery) for the ANZ Journal of Surgery.

Along with being an invited Proctor/Mentor at several Southeast Asian hospitals, Dr Bhamidi has been involved as the Principal Investigator, Co-Principal Investigator or Sub-Investigator in several international registries and research trials. His private consulting suites are located at the Gold Coast Surgical Centre.

### TO ARRANGE AN APPOINTMENT CONTACT:

Gold Coast Surgical Centre  
Suite 6, Level 2  
103 Nerang Street, Southport QLD 4215  
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F: (07) 5619 9963  
E: [info@vasculargc.com.au](mailto:info@vasculargc.com.au)  
W: [www.vasculargc.com.au](http://www.vasculargc.com.au)



## DR GENEVIEVE BISHOP

*BSC (HONS), MBBS, MPH, FRANZCOG*

**OBSTETRICIAN & GYNAECOLOGIST**

**D**r Genevieve Bishop is an Obstetrician and Gynaecologist who, after five years on the southern end of the Gold Coast, has relocated from John Flynn Private Hospital to Gold Coast Private to continue to build her women-based health care.

Dr Bishop understands that childbirth is not only about making babies but making mothers who are strong, competent and capable, trust themselves and believe in their inner strength. She strives to treat all her women with appropriate management, both medically and surgically, to help them achieve an optimal and fulfilling life.

Dr Bishop studied at Sydney University where she attained a Bachelor of Science with Honours in Psychology before going on to graduate with a Bachelor of Medicine and Bachelor of Surgery. During her training she also attained a Masters in Public Health from the University of NSW.

After training in Obstetrics and general Gynaecology at Royal Prince Alfred Hospital in Sydney, Dr Bishop pursued her interest in Uro-gynaecology and incontinence at St George Hospital, working in the internationally renowned Pelvic Floor Unit. Her special interest in Uro-gynaecology and incontinence also enables her to provide specialised urodynamics studies and management plans for women suffering from urinary incontinence, a service that is bulk-billed.

Dr Bishop is passionate about the care of her patients and strives to provide the best in gynaecological and obstetric care for her women.

### TO ARRANGE AN APPOINTMENT CONTACT:

Gold Coast Private Hospital, Suite 16, Ground Floor  
14 Hill St Southport QLD 4215  
P: (07) 5598 0418  
F: (07) 5598 0421  
E: [reception@drgenbishop.com.au](mailto:reception@drgenbishop.com.au)



## DR MARK FORBES

*MBCHB, FCP(SA), FRACP*

### GENERAL PHYSICIAN

**D**r Mark Forbes is a General Physician with a special interest in Diabetes and Endocrine Diseases. Having trained in South Africa initially as a Specialist General Physician and then in the UK as an Endocrinologist, Dr Forbes moved to the Gold Coast in 2007.

Interested in clinical innovation and the use of technology, Dr Forbes strives to deliver cutting-edge care to his patients and the greater healthcare system. He is passionate about providing high quality, evidence-based, value-adding health care via a multi-disciplinary clinical team.

Dr Forbes has extensive experience in the public sector as a Senior Staff Specialist and Clinical Director, where he established highly respected clinical services in General Medicine and Endocrinology. Interested in health innovation, he is continually looking to improve health care services and use new technologies and remains committed to medical education and research.

Dr Forbes' special interests include the use of technology in diabetes care, Type 1 Diabetes management, Type 2 Diabetes management, management and care of obesity and metabolic syndrome, endocrine conditions such as thyroid, adrenal and pituitary disease, care and management of young adults as they transition from paediatric to adult medical services, and complex and chronic General Medicine.

Now based at Gold Coast Private Hospital as part of the team at Forbes Healthcare, Dr Forbes is happy to see patients in the consulting rooms or as inpatients within the hospital when required.

#### TO ARRANGE AN APPOINTMENT CONTACT:

Forbes Healthcare  
Gold Coast Private Hospital, Suite 11, Ground Floor  
14 Hill St, Southport QLD 4215  
P: (07) 5648 0488  
F: (07) 5560 9433



## DR WALED MOHSEN

*FRACP*

### GASTROENTEROLOGIST

**D**r Waled Mohsen has joined Dr Lloyd Dorrington and Dr Alex Dorrington in their practice at Brockway House, Southport. A specialist gastroenterologist and hepatologist, Dr Mohsen currently has private appointment at Gold Coast Private Hospital and public appointment at Gold Coast University Hospital as a staff specialist in gastroenterology.

Dr Mohsen was born and raised in Sydney before completing his medical degree at the University of Sydney (Honors) and subsequently completing his Advanced Gastroenterology Training at the Royal Prince Alfred Hospital (NSW Liver Transplant Centre) and Liverpool Hospital.

His training has encompassed the full gamut of gastroenterology issues including liver disease and functional bowel disease. He has extensive experience in the performance of luminal gastrointestinal procedures and the management of complex inflammatory bowel disease.

After completing his gastroenterology training in Sydney, Dr Mohsen took up a Research and Clinical Fellowship in Oxford (John Radcliffe Hospital), United Kingdom where he focused on inflammatory bowel disease and quality colonoscopy. He has presented at local and international conferences and published studies in peer-reviewed medical journals. He is actively involved in the teaching of gastroenterology trainees and junior doctors at Gold Coast University Hospital.

Dr Mohsen has a strong commitment to quality patient-centered care and is firm in his belief that good communication and patient advocacy is the key to good care and optimal outcomes.

#### TO ARRANGE AN APPOINTMENT CONTACT:

Brockway House, Suite 3, Level 1  
82 Queen St, Southport QLD 4215  
P: (07) 5591 4455  
F: (07) 5591 4077





## DR ELLE NOONAN

BSC MBBS FRACS

ENT SURGEON

**D**r Elle Noonan is an ENT Surgeon who specialises in paediatrics, thyroid and neck lumps and ENT emergencies including ear pain, voice changes and sinus and throat infections. Having grown up in Cairns, she studied Science and Medicine at the University of Queensland and completed her medical training in 2003.

Dr Noonan started her career with Queensland Health, completing Basic Surgical Training with the Royal College of Surgeons before working in General Surgery for three years at hospitals in Cairns, Mackay, Ipswich, the Sunshine Coast, the Gold Coast and Brisbane.

She studied and worked in London in 2014 where she specialised in Children's ENT at Guys and St Thomas' Hospital and specifically the Evelina Children's Hospital in Westminster. During this time she presented at British Paediatric and Royal College of Surgeons meetings and was awarded the Jean Littlejohn Price for Research with the Australasian College of Otolaryngology.

Dr Noonan trained in the surgical discipline of ENT in Queensland with the Royal College of Surgeons and completed her training in 2020. She has worked at Gold Coast University Hospital since 2017 where she continues to work part-time as an ENT consultant.

### TO ARRANGE AN APPOINTMENT CONTACT:

Osler House  
8/16 Tweed Street  
Southport QLD 4215  
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F: (07) 5606 6151



## DR HEIDI PEVERILL

MBBS(HONS), MS, FRACS

ONCOPLASTIC BREAST, MELANOMA &  
GENERAL SURGEON

**D**r Heidi Peverill is a specialist breast, oncoplastic and melanoma surgeon, who specialises in high-risk family breast cancer, melanoma – wide excision, sentinel lymph node biopsy, nodal surgery and laparoscopic hernia surgery.

After graduating with honours from her medical training at Monash University, Dr Peverill undertook specialist training to become fully qualified in oncoplastic breast surgery. She has also completed a Master of Advanced Breast Surgery and been a full member of BreastSurgANZ since 2013.

As a member of both the RACS Younger Fellows committee and Women in Surgery section, Dr Peverill supports and advocates for progression of opportunities for both young surgeons and women in medicine. She is also a senior instructor and clinical tutor for medical students at the University of Queensland.

Dr Peverill also serves as a national committee member and senior instructor for the Care of the Critically Ill Surgical Patient curriculum, a program that teaches doctors how to recognise and manage at-risk patients. She supports these programs in tandem with her own research in breast cancer prevention in young women.

Dr Peverill is publicly employed at the Princess Alexandra Hospital Breast Unit, where she helped establish its first breast reconstruction clinic for breast cancer patients, and previously at Redlands Public Hospital, where she helped establish its first breast service. Privately, she can be seen through ORBE Surgeons in South Brisbane and at the Women's Health Centre at Gold Coast Private.

### TO ARRANGE AN APPOINTMENT CONTACT:

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W: [www.orbesurgeons.com.au](http://www.orbesurgeons.com.au)



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