SPRING 2015

The Wesley HOSPITAL
Caring for you for life

Medilink

Medical Professionals direct link
to programs and services at the Wesley

Matters of the heart

Transcatheter Aortic Valve Replacement (TAVR) comes to the Wesley

Articles in this issue:

The TAVR team

L-R: Dr John Keys, Dr Stephen Cox, Dr Anthony Camuglia, Dr Tony Rafter (front), Dr Bruce Garlick and Dr Nicholas Boyne.

Welcome

Dr Luis Prado
Director of Medical Services

Welcome to the latest edition of Medilink, our final for the year. The past 12 months have been an exciting time for the Wesley. 2015 has been a period of considerable growth with the expansion of our theatre complex, the first year of operation for our expanded Emergency Centre and the opening of our Paediatric Sessional Suites. The investment in perioperative services reflects the increased demand we are experiencing for surgery at our hospital. The Wesley now has 19 operating theatres including a hybrid theatre for endovascular surgery and we offer the most comprehensive range of surgical services of any private hospital in Queensland.

In October the first Transcatheter Aortic Valve Replacement (TAVR) was performed at the Wesley. TAVR is a relatively new procedure that is helping patients who would otherwise not receive treatment for their valve condition. We anticipate TAVR will become more common in the future and we are pleased to be at the forefront of this innovation in the private sector.

During the year the Wesley acknowledged and recognised a number of our most valued and talented doctors who are retiring or stepping back from leadership roles. We farewelled intensive care specialist Dr Ranald Pascoe, Breast and Endocrine surgeons Dr Ian Gough and Dr Neil Wetzig and emergency medicine specialist Dr Ian Knox. We were very pleased to announce that our ICU will be named the Dr Ranald Pascoe Intensive Care Unit in Dr Pascoe's honour.

The achievements of a large number of senior specialists were also recognised at our VMP dinner held at Gambaro Restaurant. A highlight of the evening was the unveiling of the Medical Advisory Committee (MAC) honour board, which is now located near the MAC photo wall on level 2 of the main hospital building.

The Wesley continues to attract talented and dedicated doctors. You can meet some of our new VMPs in this issue. Please do not hesitate to call me to find the right specialist for your patients.

The Wesley also welcomes Dr Sean Rothwell as the Director of Emergency for both The Wesley Hospital and St Andrew's War Memorial Hospital. Dr Rothwell brings considerable expertise to the Wesley Emergency Centre. The WEC is open 24-hours-a-day every day of the year and is one of the busiest private emergency centres in Queensland with 19 emergency beds, along with resuscitation, consultation, paediatric and procedure rooms.

Another exciting change this year is the evolution of the Kim Walters Choices program into a community-based cancer support and wellness centre for men and women affected by cancer. Renamed The Wesley Hospital Choices Cancer Support Centre, the service is located at historic Drysllwyn House, Cadell St, Toowong near the hospital – we encourage you to advise your patients to make the most of this unique free service. ■

Phone 07 3232 7926
Email dmsoffice.wesley@uchealth.com.au

Our sponsors

Intensivist Dr Ranald Pascoe in front of the ICU named in his honour at The Wesley Hospital.

L-R: Dr Jon Douglas, Dr Doug Killer, Dr Geoffrey Holt, Dr Luis Prado and Dr David Schlect at the unveiling of the MAC honour board.

GP Networking and Education

As the year comes to a close we would like to thank the Wesley's GP community for their ongoing support of the Continuing Professional Development Program. Our comprehensive program for 2016 will include many evening events rotating Tuesday through to Thursday. Our all-day Saturday Active Learning Modules will continue to be hosted on The Wesley Hospital campus. A full list of dates and topics can be found on the back page of this publication. You can now register online on our website, which has a section dedicated for GPs with resources and events available. If you prefer to have your CPD event invitations sent to you via email please contact us at: wesley.bdm@uchealth.com.au and you will be added to our invitation database.

The third annual Wesley CPR Training Day was again very popular with GPs participating in simulation skill stations, which made the day very interactive. An addition to the CPR day was a practical workshop run by Dr Bala Venkatesh, Wesley Director of Intensive Care, on interpreting clinical results. Both sessions were very well received. The CPR Training Day will be run again in October 2016 for those GPs requiring their RACGP compulsory CPR component.

Our popular series of networking events for GPs and specialists came to a successful close with the second Wesley Women in Medicine High Tea, held at Drysllwyn House, on Saturday 24 October. Drysllwyn House is the home of The Wesley Hospital Choices Cancer Support Centre. This was a great opportunity for female GPs and Wesley specialists to meet in person for the first time and put faces to names. Due to popular demand these events will continue in 2016. Look out for your invitations.

For further information on any of our upcoming events please email wesley.bdm@uchealth.com.au or call 3232 7222.

If you would like a new specialist to visit your practice please contact Vicki Goss at vicki.goss@uchealth.com.au or 0419 020 156.■

Wendy Zernike
Director of Business & Service Innovation
T 07 3232 7220 or email
wendy.zernike@uchealth.com.au


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1. Dr Lorraine Scott, Dr Premila Balakrishnan, Dr Maureen Mitchell (Palliative Care Specialist), Dr Cathy Davis, Dr Judith Williamson and Dr Jasveer Bali
2. Dr Helen Colquhoun and Dr Janet Horn
3. Dr Liz Boge, Dr Trang Huynh and Dr Georgia Myatt
4. Ann Maguire (Wesley General Manager), Dr Holly Wyeth, Dr Judith McEniery (Palliative Care Specialist), Dr Maureen Mitchell (Palliative Care Specialist), Dr Jane Propsting, Anne Cross (CEO UnitingCare Queensland)
5. & 6. GPs skill up at the CPR training day

World first trial offers hope for brain cancer patients

An experimental immunotherapy treatment trial has begun for patients diagnosed with glioblastoma multiforme (GBM)

GBM patient Mike Oldano receiving his first treatment at Wesley Medical Research at the Wesley

Glioblastoma Multiforme (GBM) is a common and aggressive form of malignant brain tumour diagnosed in adults. GBM can affect adults of any age. Despite their prevalence, the exact aetiology of GBM remains unknown. Adults who present with suspected GBM often experience a variable symptomatology dependant on the site of the tumour. Common symptoms include dizziness, severe headaches, seizures, disturbances in speech and vision and cognitive impairment.

The Newro Foundation in partnership with QIMR Berghofer Medical Research Institute is conducting a novel immunotherapy clinical trial targeting a type of brain cancer, glioblastoma multiforme (GBM), in patients at the Wesley Medical Research.

There is currently no cure for brain cancer and GBM is the most common and malignant of the glial tumours. About 150 people are diagnosed in Brisbane every year. Sadly the life expectancy of a person diagnosed with GBM is just one year.

The first GBM patient, Mike Oldano, was administered killer T-cell immunotherapy at the Wesley on September 24.

QIMR Berghofer lead researcher and tumour immunologist Professor Rajiv Khanna, who developed this therapy in collaboration with neurosurgeon Professor David Walker at Newro Foundation, said immunotherapy had great potential to target GBM.

"This is the new frontier in cancer treatment," Professor Khanna said. "We hope it will soon become part of the normal treatment, alongside chemotherapy and radiation.

"One of the major advantages of immunotherapy is it doesn't have the nasty side effects that chemotherapy or radiotherapy has. This therapy is designed to train a patient's own T-cells to fight cancer."

The trial involves taking a blood sample from a patient newly diagnosed with GBM and growing their killer T-cells (a type of white blood cell) in a specialised laboratory. The infused T-cells will aim to give the patient's immune system a boost to attack the tumour and kill the cancer. Patients are infused over a number of weeks and monitored for 12 months.

Researchers hope the development of this treatment, used in conjunction with standard chemotherapy and radiotherapy, will reduce the rate of tumour recurrence in patients.

Dr Walker said the experimental treatment was developed for newly diagnosed human cytomegalovirus (HCMV)-positive GBM patients and hopes were high for a positive outcome.

"This treatment acknowledges the importance of the immune system in recognising and responding to HCMV-infected GBM cells," he said. "Research has found a possible link between viral infections like HCMV in the development of GBM. We hope the immune response during the trial will be sufficient to significantly delay or even prevent recurrence."

QIMR Berghofer Director and CEO Professor Frank Gannon said it was an exciting day for the Institute to see this trial commence.

"QIMR Berghofer is focussed on producing research with outcomes beyond the laboratory, and this is an excellent example of our efforts to get laboratory discoveries through to clinical trials and eventually the hospital bedside," he said.

To find out more about the clinical trial contact BrizBrain & Spine on 07 3833 2500.

BrizBrain & Spine
Suite 20 Level 10
Evan Thomson Building
Chasely St
Auchenflower Q 4066
T 07 3833 2500
W brizbrain.com.au

First TAVR heralds new era in cardiac care for patients with severe aortic stenosis

Transcatheter Aortic Valve Replacement is the latest addition to The Wesley Hospital's Structural Heart Program

For a significant number of people who suffer from the debilitating symptoms of severe aortic stenosis, open heart surgery to replace their diseased valve is simply too risky an option.

Now a relatively new minimally-invasive procedure called Transcatheter Aortic Valve Replacement (TAVR) is providing an alternative to traditional surgery as a way of dealing with this condition.

In a milestone for cardiac care at the Wesley, the first two TAVR procedures were performed on October 23 in the hospital's hybrid theatre utilising its advanced cardiovascular capabilities.

A team comprising interventional cardiologists Dr Anthony Camuglia, Dr Tony Rafter and Dr Stephen Cox, imaging cardiologist Dr Terri Hall, cardiac surgeon Dr Bruce Garlick, Cardiac anaesthetist Dr John Keys and vascular surgeon Dr Nick Boyne successfully deployed the state-of-the art device in two patients, with the assistance of nursing staff and radiographers.

The ground-breaking surgery was conducted under the guidance of Professor Stephen Worthley from Royal Adelaide Hospital, who is a recognised leader in the field both within Australia and thoughout the world.

The Wesley TAVR team, comprising of doctors, imaging and theatre staff with Prof. Stephen Worthley [right]

Interventional cardiologist Dr Tony Rafter said selection of suitable candidates for the first two cases after full assessment and work up by the cardiac team was crucial to the success of the procedures.

"The first case was an 83-year-old woman from the country who wanted to keep living independently in the community but was significantly limited by shortness of breath," he said. "She walks with a stick due to significant arthritis. An echocardiogram showed she had critical aortic stenosis. Her age and mobility issues made her a relatively high risk for complications with open heart surgery and an ideal candidate for the TAVR procedure.

"Once aortic stenosis becomes symptomatic, it tends to be progressive and is not a pleasant way to be when you get to that point. Once it is in the severe range the traditional treatment has been open surgery with the heart stopped and the patient on cardiac bypass with the cardiac surgeon cutting out the diseased valve and sewing in a new tissue or mechanical valve.

"Open heart surgery is still the gold standard for many people with symptomatic severe or critical aortic stenosis, however, for people who are not suitable for surgery due to comorbidities or are deemed to be at higher surgical risk, the percutaneous or minimally invasive approach can provide a similar outcome with less risk.

"For this group, Transcatheter Aortic Valve Replacement potentially presents a solution that returns them to a better quality of life.

Positioning the valve is monitored via both echocardiography and x-ray equipment

TAVR is not a replacement for open cardiac surgery but is complementary to it."

Dr Rafter said the indications for and benefits of TAVR have been supported by recent clinical trials.

"The first trials looked at people who were deemed inoperable due to comorbidity or surgical risk and the data was clear that a year later, patients undergoing TAVR had significantly better outcomes than those who were managed with medical therapy alone, " he said.

> "Our unswerving commitment to build a team of professionals that would allow us to deliver exceptional care has proven to be the linchpin of success."
>
> Dr Stephen Cox

"A subsequent trial looked at people who could undergo open valve replacement surgery but were deemed at higher risk. At one year, the data showed the people who underwent TAVR had a survival advantage, less post-operative complications and a shorter length of stay."

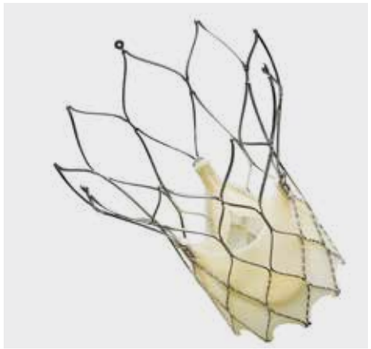
The high-tech replacement valve is deployed via a catheter approximately five to six mm in diameter and is implanted in the heart usually via the patient's femoral artery. Currently, the cost for each valve is around $25,000.

"With the type of self-expanding valve we have chosen for the Wesley program, the valve leaflets are working even when it is only partially deployed. This means that if we need to take a few minutes to get it perfectly positioned the heart is still functioning near normally and the patient is safe. We can even recapture the valve completely if we need to," Dr Rafter said.

A TAVR program has been in place for some years at the Prince Charles Hospital. The procedure is now relatively mainstream in Europe with up to 30 per cent of patients undergoing bioprosthetic aortic valve replacement in some countries having it done via a beating heart percutaneous technique rather than traditional surgery. Dr Rafter said the first valve prototypes became available eight to 10 years ago and have developed rapidly to the point where there have now been more than 100,000 valves implanted around the world.

The introduction of TAVR builds on the Wesley's Structural Heart Program which already includes the treatment of congenital and acquired heart defects and aortic valve balloon valvuloplasty (used as a palliative or bridge procedure) using catheter techniques.

"This is a landmark technology. In ways similar to that in which the development of coronary stents revolutionised the options cardiologists had at their disposal for the treatment of obstructive coronary artery disease, TAVR will ultimately have the same impact upon patient management options for valvular heart disease including, in the future, mitral valve disease for which percutaneous options are now being developed and trialled."

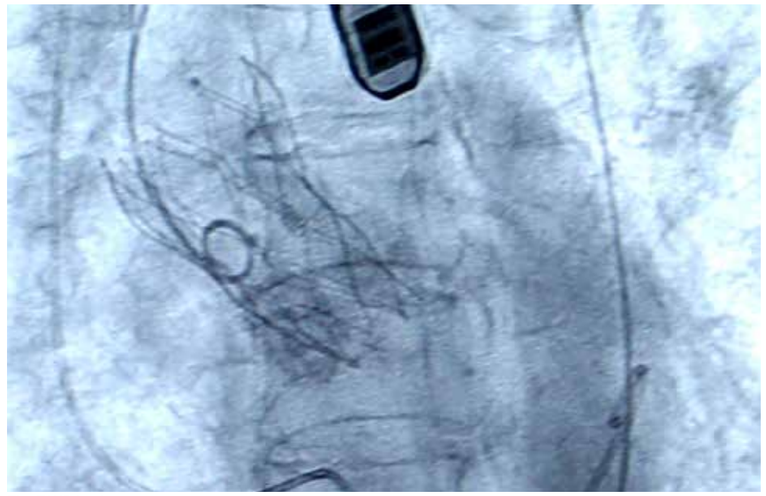


The state-of-the-art valve is deliverd by a catheter with a diameter of 5-6mm

Dr Rafter stressed that the critical aspect of the Wesley TAVR program is the team approach to patient selection, peri-procedural management and post-procedure care noting that the procedure itself is not necessarily the most difficult or important part of the process.

"At the Wesley we have a formal TAVR Clinic

First Transcatheter Aortic Valve Replacement at the Wesley continued from P7



The TAVR in place

where the work-up is done after a patient is referred for consideration. Echocardiograms and CT studies of the aorta, the valve and the peripheral arterial access are undertaken in order to decide whether the patient is clinically appropriate for this type of approach and this type of valve.

"The heart team meeting which involves interventional cardiologists, cardiac surgeon and anaesthetist, vascular surgeon, radiologists and TAVR nurse co-ordinator review potential candidates and a consensus decision is made about the patient's best option– maybe to go to TAVR, perhaps go to open surgery or even to be managed medically."

For interventional cardiologist Dr Stephen Cox, being part of the first TAVR procedures at the Wesley was an exciting and humbling experience.

"The sleepless nights were worth it, " he said. "Our unswerving commitment to build a team of professionals that would allow us to deliver exceptional care has proven to be the linchpin of success."

In the words of one of the first patients to undergo the procedure at the Wesley hospital, the procedure has given her a new lease on life.

"After five days in hospital, she was able to be discharged to her own home with resolution of her limiting dyspnoea, better mobility and exercise tolerance and improved day-to-day quality of life," Dr Rafter said. "We are now looking forward to doing more TAVR cases with similarly good outcomes."■

For more information on the Wesley TAVR program, contact Dr Camuglia, Dr Cox or Dr Rafter on 07 3858 8600.

Wesley heart procedures

- Radiofrequency ablation procedures
- Electrical cardioversion
- Coronary angioplasty and stents
- Cardiac surgery
- ICD implantation
- Pacemakers implantation
- TAVR and structural heart intervention

IVF pioneer moves focus to education

One of Queensland's most respected fertility specialists, Associate Professor John Allan, will be ceasing his gynaecology practice at The Wesley Hospital on December 12. He will continue as a part time employee of The Wesley Hospital in the capacity of Deputy Chief Medical Officer (Medical Education) UnitingCare Health, Head of UnitingCare Health Clinical School and Director of Medical Education Wesley Hospital.

Associate Professor John Allan has had a long history of obstetrics and gynaecology at The Wesley Hospital and has been a driving force in the treatment of patients undergoing assisted reproductive surgery since founding the IVF Unit, Queensland IVF Services, Wesley Hospital in 1988. In 1997 he developed a new method of freezing testicular biopsy sperm, which greatly improved outcomes in the treatment of male infertility.

The IVF Unit was renamed The Wesley IVF Service after it was acquired by the Uniting Church of Australia in 1999, then Wesley Monash IVF in 2004 and most recently, Monash IVF.

A/Prof Allan has held a number of positions throughout his time at The Wesley Hospital including Director of Reproductive Medicine (Wesley Hospital) and Medical Director (Wesley IVF Unit).

All patients' records are archived on site at The Wesley Hospital and clinical information in these records can be accessed by contacting the hospital on 07 3232 7090.■

Dr David Cavallucci

General Surgeon

First ever robotic Whipple's performed at Wesley

Australia's first fully robotic Whipple's procedure was performed at the Wesley in June. General surgeon Dr David Cavallucci explains the advantages of the robot over laparoscopy.

For many of us, "pancreas" was a swear word during medical school. Tales of eight hour operations through big laparotomy incisions, month-long post-operative stays with leaks, early recurrence and poor outcomes abounded. Thankfully, much has changed over the last 15-20 years, and while retaining more than its share of morbidity, pancreas surgery in high volume centres can be safe and lead to excellent outcomes.

Whipple's procedure - (pancreaticoduodenectomy) has been one of the last of the major abdominal operations not to be commonly performed minimally invasively. This is largely due to the complex uncinate process dissection along the superior mesenteric artery and vein, as well as the reconstruction component (pancreaticojejunostomy, hepaticojejunostomy and gastrojejunostomy).

One month post-op showing the small robotic incisions. The long midline scar is from a major laparotomy 30 years ago!

The first laparoscopic Whipple's was performed in 1994, but it has only been the last five years that they have been done in any volume at highly specialised centres.

General surgeon Dr David Cavallucci (right) during the robotic pancreaticoduodenectomy.

The new kid on the minimally invasive block for general surgery is the robot: specifically, the new Da Vinci Xi robot which has made great inroads into becoming a true "multi-quadrant" surgical system. After several months of preparation, we performed the first fully robotic Whipple's procedure in Australia on an 84-year-old lady with adenocarcinoma of the pancreas. Our patient stayed in hospital for nine days and returned home well.

The robot has some theoretical advantages over laparoscopy:

- Surgeon controlled, 3D, highly magnified vision
- "Wristed" instruments with integrated energy sources that mimic the function of hands rather than the straight "chop-sticks" of laparoscopy

The advantages over the traditional open approach relate to avoidance of a large incision, reduced tissue handling and trauma, faster discharge and return to activities and potentially improved the rate and timing of all important adjuvant chemotherapy.

We remain in the early days of this procedure, but as we continue to gain experience in a safe fashion, there is hope that we can make this difficult operation quicker, safer and less morbid for our patients.■

Dr David Cavallucci
Suite 23, Level 2
Wesley Medical Centre
40 Chasely St
Auchenflower Q 4066
T 07 3876 7455
F 07 3876 7245
E nickoadmin@wesley.com.au

Choices expands cancer support to men

Choices, The Wesley Hospital's cancer support program for breast and gynaecological cancer patients, has broadened its wellness program to include anyone diagnosed with any cancer

The Choices program, which began in 1998 as a legacy to the late Kim Walters, wife of former Brisbane Broncos captain Kevin Walters, has been renamed The Wesley Hospital Choices Cancer Support Centre and has a new home at the heritage-listed Drysllwyn House in Auchenflower.

Clinical Nurse Manager Janine Porter-Steele, who has been with Choices since its inception, said the aim was to meet participants' holistic needs.

"Cancer affects the whole person physically, mentally and emotionally so we offer evidence-based care, guidance, resources, peer-to-peer support, rehabilitation and education to assist people through a very challenging time.

"Our service supports people through their cancer treatment and beyond, helping them to get their lives back on track and stay well."

Ms Porter-Steele said the move to the more spacious Drysllwyn House, close to the hospital campus, was instrumental in Choices' decision to expand their services.

"We found we were seeing more women with cancers other than breast cancer," she said. "These women also needed support, evidence-based information and access to rehabilitation programs such as exercise, art therapy, and complementary therapies. Importantly they wanted to connect with other women who had gone through similar experiences to them. We ran some focus groups for men to see what their needs were and they said exactly the same, hence the expansion.

"Breast cancer will always be a focus, simply because it is the most diagnosed cancer for females other than non-melanocytic skin cancer. However, we are excited by the opportunity to offer more group and individual services to men and women with other types of cancer."

The Choices program is designed to complement the oncological, surgical and allied health services offered by The Wesley Hospital, with a strong focus on living well with cancer and living well after cancer.

> "Our service supports people through their cancer treatment and beyond, helping them to get their lives back on track and stay well."

"We manage this through specialist nurse and peer support and access to the combined expertise of physiotherapists and complementary therapists who offer yoga, tai chi and meditation, reiki, reflexology and head massage," Ms Porter-Steele said.

"We look at good nutrition, exercise and managing the emotional effects of cancer and side effects of treatment, such as menopause and sexuality concerns and fatigue. We also can arrange for people to see the Wesley's nurse counsellors and chaplains."

Peer Support Coordinator Leonie Young has worked at Choices for 16 years and has experienced breast cancer herself.

She was a young woman, aged 32, and caring for two young children when she was diagnosed in 1987.

Having gone from survivor to supporter, she understands that each individual has varying needs and concerns and are at different stages of their treatment or recovery.

"It is important to feel that you are not alone following a cancer diagnosis.

"There were few support programs in the '80s when I was first diagnosed and that's why I'm an advocate of support services that treat the whole person.

"We welcome anyone who has had a cancer diagnosis, you don't have to be a patient of the Wesley to access our services," she said.

"Referral is simple - GPs can call us or patients can self refer or drop in. We can send information and a calendar of events both to GPs and the patient.

"Parking is free and close to the house making it easier for people who may not be well or have limited mobility."

As a not-for-profit service, Choices receives no government funding and relies on donations from the community to fund its free services and therapies to people in need. To find out more about fundraising, visit wesley.com.au/choicesdonate. ■

The Wesley Hospital Choices Cancer Support Centre,
Dysllwyn House, Uniting Church Centre,
47 Cadell St,
Auchenflower, Q 4066
T 07 3377 9874 or 1800 227 271
www.wesley.com.au/choices

CLINICAL SERVICES
- Specialised registered nurses
- Peer support
- Inter-disciplinary clinic: Limb care and physiotherapy
- Wellness clinic: Managing sexuality and menopause issues
- Breast prosthesis and bra fitting service
- Wig loan service

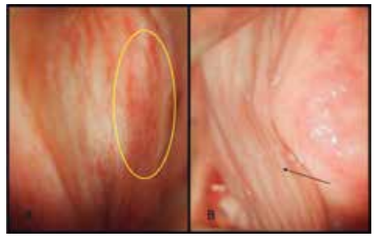
SUPPORT PROGRAMS
- Younger women
- Secondary (advanced) cancer
- CARE-Cancer And Risk ConnEction for hereditary cancers
- Women who Partner Women
- Man to Man - for men who support those with cancer
- Art4Healing
- Sisters Support Group
- Rural and regional outreach program
- Information sessions for different cancers

New treatment for vaginal atrophy

A new laser treatment for vaginal atrophy is improving the lives of women who suffer one of the most common side effects of menopause, a dry and itchy vagina.

On the list of post menopausal symptoms, vaginal discomfort is one of the most distressing. An innovative laser treatment, called MonaLisa Touch, is providing an alternative to Hormone Replacement Therapy for the treatment of the unpleasant symptoms related to thinning, drying and inflammation of the vaginal walls due to your body having less estrogen. Wesley Gynaecologist Dr Anna Burrows is offering the fractional CO2 laser procedure at The Wesley Hospital. So far more than 100 women have benefited from the non-surgical medical treatment that stimulates cell regeneration and improves vaginal mucosal vascularity.

Vaginal atrophy, or atrophic vaginitis, is a common problem associated with ageing, and usually occurs after menopause. The common symptoms can include: dyspareunia, urinary incontinence, itchiness, burning, dryness, mild prolapse and laxity, pelvic pain, pain with intercourse, urinary incontinence or recurrent urinary infection.



At T0 before the MonaLisa Touch treatment, vaginal walls are thinner and less elastic with loss of rugae (A); yellow ring highlights petechial atrophy. At T1, the regeneration of the vaginal wall is observed (B); arrow indicates restored vaginal mucosa.

"The problem is that, after natural menopause, surgical oophorectomy or some cancer treatments, women experience oestrogen deficiency symptoms in the urogenital tract," Dr Burrows explains. "It was known as atrophy but has recently been renamed Genitourinary Syndrome of Menopause. This results in anatomical changes including reduced collagen and elastin, thin epithelium, altered appearance and function of smooth muscle cells, increased density of connective tissue, and fewer blood vessels.

"Symptoms result from reduced blood flow, lubrication and decreased elasticity of the tissues. Inflammation, known as atrophic vaginitis, can lead to pain on urination and infection."

Dr Burrows says a range of conservative treatment options are available including water-based lubricants and gels, and tropical oestrogen creams and pessaries. However, some women discontinue treatment due to limited response or health concerns related to hormone therapy such as oestrogen receptor positive breast cancer.

The use of fractional CO2 laser as a non hormonal treatment for vaginal atrophy began in 2009 when the urogynaecology team at San Raffaele Hospital in Milan and a team from the University of Pavia, began to explore a new treatment.

Australia obtained TGA approval for fractional laser treatment in 2013. In the first two years more than 5000 treatments have been performed, costing around $690 per visit for three visits, and less for any subsequent visits.

"The office-based treatment involves insertion of a probe smaller than the speculum used for pap tests. It takes five to 10 minutes, with minimal discomfort from probe insertion, and involves no down time. For maximum effect, a total of three treatments, four to six weeks apart are required for long-term benefit. At 12 to 18 months a top-up treatment is often useful to maintain the newly healthy mucosa."

Dr Burrows says microablative CO2 laser therapy was developed many years ago and has been successfully used in dermatology. "Fractional laser ablates small dots of tissue on the epithelium. As it is surrounded by untreated tissue, this allows for very rapid healing and a low risk of side effects."

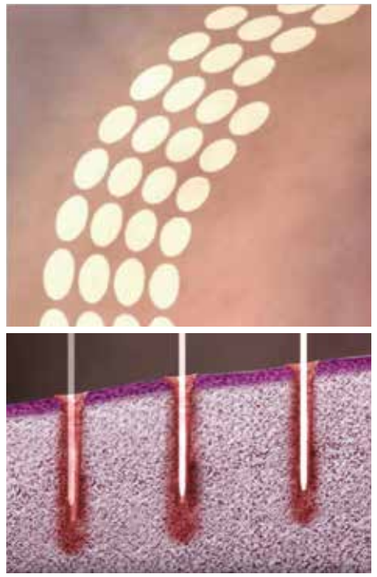
The treatment, which is not to be confused with cosmetic laser rejuvenation procedures, works by stimulating the body's own regenerative processes to create more hydrated and healthy cells and to improve the vascularity of the vaginal mucosa. This has a direct effect on the integrity and elasticity of the vaginal wall and increases the acidity of the vaginal environment to more normal levels.

"In the vagina, the laser therapy causes activation of heat shock proteins in the tissue, stimulating the metabolic activation of fibroblasts," Dr Burrows said. "Histology and electron microscopy has shown that this activates the biosynthesis of collagen and the restoration of the proper composition of the extracellular matrix, with collagen fibres, ground substance and increased water content and glycogen. A significantly thicker mucosa with a rich content of blood vessels in the connective tissue stimulates the activity of fibroblasts and capillaries. This treats dyspareunia, dryness, irritation and itching, and dysuria."

According to Dr Burrows there is plenty of evidence to support the efficacy of the laser treatment.

"Studies published in peer reviewed journals have shown statistically significant improvement in atrophic symptoms," she said. "In Australia results have exceeded patient and doctor expectations. A recent USA multi-site study from Stanford Medical Centre and The Christ Hospital, Cincinnati showed 100 per cent satisfaction, statistically significant improvement in symptoms, and no adverse reactions. This is good news for women indeed."

Dr Anna Burrows FRANZCOG consults fulltime from the Wesley Medical Centre to provide high quality office gynaecology and operative services. She has more than 20 years experience and is a member of the Australian Menopause Society and the Australian Gynaecologic Endoscopic Society.



[Top] Laser dots on the vaginal wall
[Bottom] MonaLisa Touch laser in skin

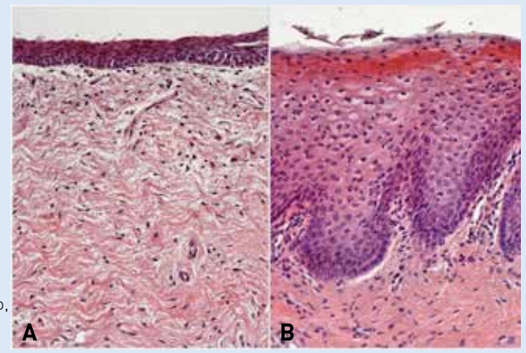
Suite 19, Level 2
Wesley Medical Centre
40 Chasely St
Auchenflower Q 4066
T 07 3371 5555
W drannaburrows.com.au

Histological preparation of vaginal mucosa sections stained with haematoxylin and eosin (H&E)

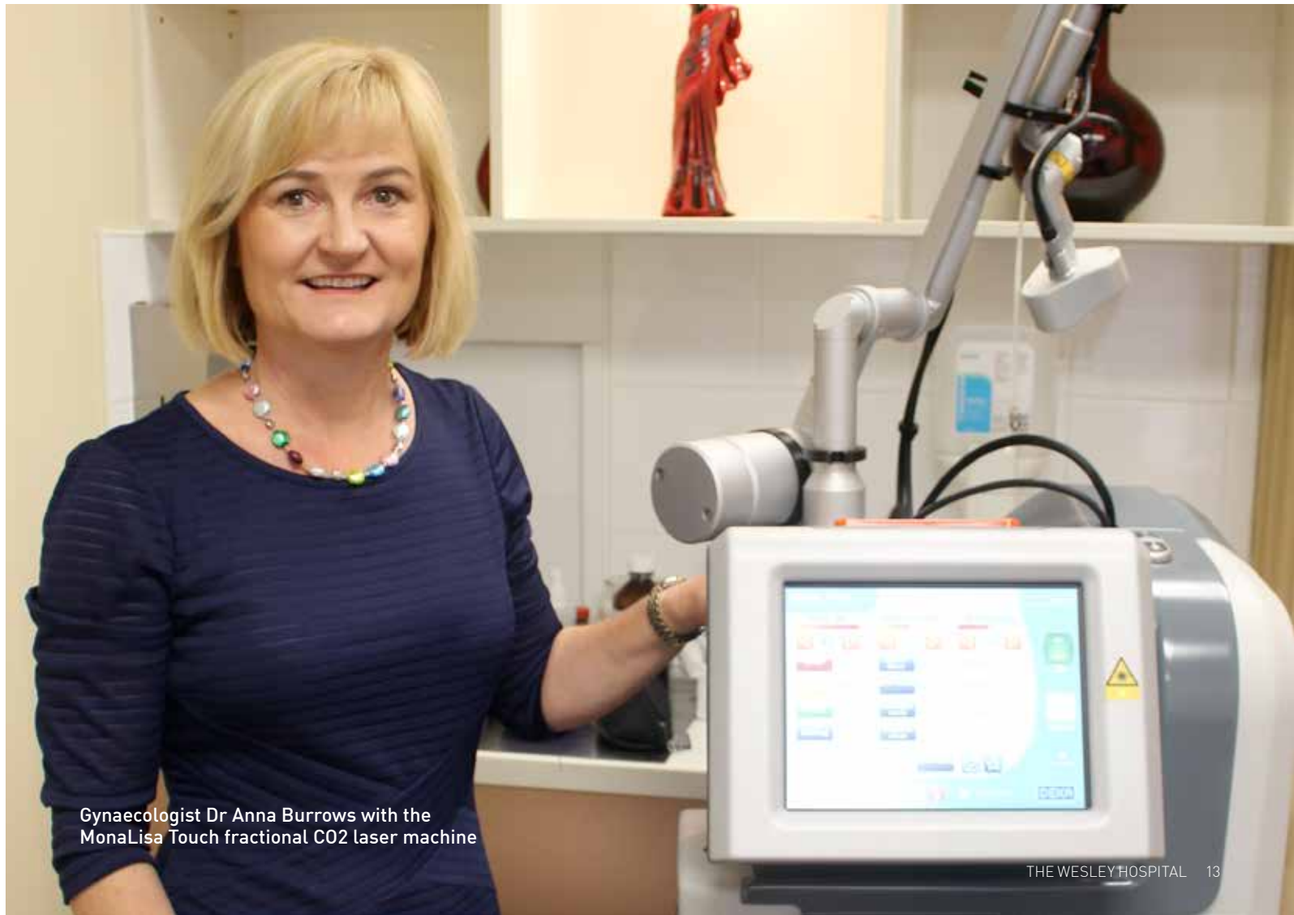
Patient data
Age: 59
Age at menopause: 48

Note: The patient was not treated with HRT.

Courtesy of: Prof. A. Calligaro, MD - Professor of Histology and Embryology at the University of Pavia, Italy



(A) Vaginal wall in the basal condition with a thinner epithelium typical of atrophic vaginitis. Never treated with HRT. (B) Same magnification two months after one MonaLisa Touch® session showing significantly thicker epithelium of the vaginal wall.



Gynaecologist Dr Anna Burrows with the MonaLisa Touch fractional CO2 laser machine

Dr Kate Sinclair
Paediatric
Neurologist

Future looks brighter for Joseph

Two Brisbane hospitals joined forces to assist a four-year-old boy from the Solomon Islands with severe neurological problems, writes Paediatric Neurologist Kate Sinclair

Grandfather Allan plays `Round and Round the Garden' on the palm of Joseph's hand. Joseph loves this game

Joseph is a four-year-old boy from Honiara who won the hearts of two medical teams - one at The Wesley Hospital and one at Lady Cilento Childrens' Hospital - who combined to assess and manage his neurological problems including seizures and blindness.

Before I met Joseph, the Wesley's Medical Director of Paediatrics Dr David Coman explained to me that The Wesley had a long-term involvement with the young patient - Joseph's grandfather had sought help for Joseph when the doctors in Honiara were having difficulty managing his severe seizures.

Joseph was a normal baby until, at a few days of age, he developed meningoencephalitis. Despite treatment with antibiotics, injury to his brain slowed his development, affected his vision and resulted in severe refractory seizures.

Allan, Joseph's grandfather, has an important job managing sustainable fishing for Pacific Islands Forum Fisheries Agency. This company provided the insurance so that Joseph's medical costs could be met here in Australia. Allan and Agatha took over Joseph's care from his very young parents and have been bringing him up with all their other children.

As a first step, following Dr Coman's referral, Joseph was seen while still in Honiara via UQ telehealth at the Lady Cilento Children's Hospital, as I was keen to speak firsthand with his doctor and the family to work out how we could best meet their needs, and if indeed we could offer practical help.

Following this, administrators at both the Wesley (Jackie Coleman-Dunne) and LCCH (Ruth Clafton) worked closely to timetable a week of investigations - sleep EEG, MRI under anaesthetic , ophthalmology, audiology and an interdisciplinary neuropaediatric clinic with a paediatrician, neurologist, OT, physio, SALT, dietician and CNC. Our junior doctors in the neuroscience team, along with Ann Pitcher, our outpatient neurosciences nurse, really excelled themselves in bringing the teams together.

My initial concerns were that there might not be much we could do for little Joseph. I could not have been more wrong. We found out from his EEG that he was having a severe continuous form of spasms which we started treating with Vigabatrin. Within 48 hours his seizures had stopped and his head banging behaviour settled. His MRI revealed a surprisingly intact brain apart from damage bi-laterally to the occipital lobe in specific areas which accounted for his poor vision. Our physiotherapist and occupational therapist and orthotists were able to make orthoses for walking, advise on footwear, give leg wraps to let Joseph stand and gave him a soft helmet to prevent head injury from head banging or seizures.

The family had lots of advice as to how to give him special seating and even how to get over his tooth brushing phobia with the use of an electric toothbrush, which children seeking sensory stimulation often like.

Joseph enjoyed playing on the trampoline with the toys, particularly an orange ball with a bell inside

Joseph, his family and Dr Kate Sinclair during their visit to "Earlybirds" at Jamboree Heights State School, Vision Impairment Unit, a school for children with low vision

We are so fortunate in Brisbane with education for children with low vision and one of our neuroscientists, (Jo Robertson), who performed Joseph's EEG herself, volunteers at a school for students with low vision. When Jo explained to the school principal about Joseph they cleared a whole morning for him and his family to explain about teaching for children with low vision, which is a highly specialised area. This spontaneous gesture toward this family from the Solomons warmed all our hearts.

Joseph came for final review at the paediatric sessional rooms at the Wesley and we were all delighted with the progress he had already made in a few days. He had had no seizures, was happier and standing with his leg wraps and armed with plans for home and school back in Honiara.

Joseph will always have his team in Brisbane to support him in his lovely island home.

This was a great example of a public-private partnership centred on patient outcome. ■

"Joseph was seen while still in Honiara via UQ telehealth at the Lady Cilento Children's Hospital, as I was keen to speak firsthand with his doctor and the family to work out how we could best meet their needs, and if indeed we could offer practical help."

Dr Kate Sinclair
Wesley Paediatric Sessional Rooms
Level 2, Main Hospital Buidling
The Wesley Hospital
Auchenflower Q 4066
T 07 3232 7023
F 07 3232 7585
E qldneurokids@gmail.com

Tissue bank boosts research into skin cancers

Wesley Medical Research Tissue Bank at The Wesley Hospital has launched Australasia's first skin cancer tissue bank focused on non melanoma skin cancers for medical research.

Wesley Medical Research (WMR) and the Skin Cancer College Australasia (SCCA) have joined forces to establish the Australasian Skin Cancer Tissue Bank within the ABB WMR Tissue Bank, located in Moorlands Wing at the Wesley.

The ABB WMR Tissue Bank is the largest tissue bank in Queensland.

ABB WMR Tissue Bank manager Emma Raymond said the aim of the skin cancer tissue bank is to provide researchers with very important biological samples and data for medical research. This tissue bank will comprise of biological samples of both non-melanoma and melanoma skin cancers

"We also hope that this venture will increase research into skin cancers," she said.

Lynette Hunt, the Chief Executive Officer of Skin Cancer College Australasia, said this was a great step forward for skin cancer research. "Currently there are no tissue banks that predominantly collect tissue from non-melanoma skin cancer, which is the most common form of cancer in Australia," she said.

With this joint venture, SCCA and WMR hope to provide a world-leading resource to accelerate and support research into skin cancers, resulting in improved diagnostic outcomes and better understanding of diseases and treatment options.

The Australasian Skin Cancer Tissue Bank will collect tissue samples from 100 patients over the first year from six pilot sites established across Australia.

Tissue samples from "interesting" or rare cancer types will be collected initially. This will be re-evaluated in response to researchers' requests for specific cancer types through a feedback system approach.

Researchers can access the donated samples and related clinical information stored in the Tissue Bank by applying to the ABB Tissue Bank Management Committee.■

For more information, phone Emma Raymond on 3721 1519 or visit www.wesleyresearch.org.au/tissue/asctb

Tissue Bank Manager Emma Raymond with a stack of tissue samples, stored in liquid nitrogen

Meet our Visiting Medical Practitioners

Dr David G Morgan

Orthopaedic Surgeon

Dr David Morgan has been in private orthopaedic practice since 1993 and joined The Wesley Hospital in 2006.

His primary interest is in knee and hip replacement surgery. After completing a fellowship at North Sydney Orthopaedic and Sports Medicine under Dr Mervyn Cross, he has extensive experience in sports related injury including arthroscopy, reconstruction of the knee and shoulder.

Currently, he retains a position as a VMO to the Ipswich General Hospital and can provide public and intermediate service there. Consultations can be arranged at either Ipswich or Graceville rooms.

Specific subinterests have evolved in computer navigated arthroplasty of the hip and knee. He has been a strong advocate of early mobilisation and discharge protocols used in conjunction with multimodal pain management.

He has been invited to present numerous papers at local, national and international meetings and is a member of the Australian Orthopaedic Association, Arthroplasty Society and the Queensland Shoulder Society.

He looks forward to working in close collaboration with you to provide multidisciplinary care and ensure the best outcome for all patients.

For urgent referrals or advice, please contact him on 07 3812 3855.

Practice address:
Graceville Medical Centre
1/296 Oxley Road
Graceville QLD 4075

Visiting address:
Cunningham Specialist Centre
Suite 3, 10 Pring Street
Ipswich QLD 4305

T 07 3812 3855
F 07 3281 6775
E welcome@drdavidmorgan.com.au
www.drdavidmorgan.com.au

Dr Richard Bryant

General Surgeon

Dr Bryant is a General Surgeon specialising in General, Laparoscopic and Hepato-Pancreatico-Biliary (HPB) surgery. He is a consultant surgeon at the Royal Brisbane and Women's Hospital and undertakes private practice at The Wesley Hospital and Holy Spirit Northside Hospital. Dr Bryant undertakes General Surgery, including emergency surgery, as well as complex HPB surgery. His special interests include gall bladder surgery, hernia surgery, liver surgery and pancreatic surgery.

Dr Bryant completed medical school at the University of Queensland in 1996, graduating with First Class Honours. He completed his general surgical training with the Royal Australasian College of Surgeons in Queensland in 2005. He then undertook two years of formal post-fellowship training in Hepato-Pancreatico-Biliary surgery, at the Royal Brisbane Hospital and then at the Henri Mondor Hospital in Paris.

He is a Fellow of the Royal Australasian College of Surgeons, and a member of the Australian and New Zealand Hepato-Pancreatico-Biliary Association and General Surgeons Australia. Dr Bryant is active in research and education, and is the chair of the Queensland Training Committee for General Surgeons Australia.

Dr Bryant looks forward to working in close collaboration with you to provide holistic multidisciplinary care for all patients. For urgent referrals or advice please don't hesitate to contact him.

Level 3, Medical Centre
Holy Spirit Northside
627 Rode Rd
Chermside QLD 4032
T 07 3256 3174
F 07 3319 0975
E reception@richardbryant.com.au
Website www.richardbryant.com.au

Dr Jason Hwang

Gastroenterologist

The Wesley Hospital welcomes Dr Jason Hwang to its extensive team of medical specialists. Dr Hwang is a consultant Gastroenterologist with a subspecialty interest in therapeutic endoscopy. After graduating from the University of Queensland in 2005, he undertook clinical and research training in gastroenterology both within Australia and overseas. He pursued a Fellowship in interventional endoscopy at the Royal Brisbane and Women's Hospital in 2013 followed by a further 12 months fellowship training in Toronto, Canada, at the world renowned St Michael's Hospital Advanced Therapeutic Endoscopy Centre.

Dr Hwang has presented at meetings both nationally and internationally and published in international peer-reviewed journals. He has a keen interest in interventional endoscopy including ERCP, endoscopic ultrasound, enteroscopy, endoscopic treatment of pre-malignant gastrointestinal neoplasia, early stage cancers and palliation of late stage cancer.

Dr Hwang is a member of the Gastroenterology Society of Australia, Australian Medical Association and American Society for Gastrointestinal Endoscopy.

He consults at the Sandford Jackson Building with endoscopy sessions at The Wesley Hospital Endoscopy Unit, and looks forward to working in close collaboration with GPs.

Sandford Jackson Building
Suite 83 Level 4
The Wesley Hospital
30 Chasely St
Auchenflower Q 4066
T 07 3876 0011

Prof. Geoff Cleghorn

Paediatric Gastroenterologist

In 2015 Paediatric Gastroenterologist Professor Geoffrey Cleghorn, Principal of Cleghorn Consulting, joined The Wesley's growing Paediatrics team.

Emeritus Professor Geoff Cleghorn has had numerous senior academic posts at the University of Queensland including Deputy Head of School, Director of Research at the School of Medicine and Head, Department of Paediatrics and Child Health.

He is a graduate of The University of Queensland Medical School and undertook postgraduate training in paediatric gastroenterology at the Hospital for Sick Children in Toronto Canada. Following his training he entered academic practice within The University of Queensland. He is currently the senior paediatrician in the Children's Nutrition Research Centre in the Queensland Children's Medical Research Institute.

Professor Cleghorn has published in excess of 250 scientific articles and book chapters and is an invited lecturer and public speaker on a number of infant related issues including perinatal and paediatric nutrition. His research interests include the use of energy expenditure and body composition analysis in a number of disease states including chronic liver disease, cystic fibrosis, and general nutritional rehabilitation. He has been the recipient of a number of research grants.

Professor Cleghorn has developed an extensive network of associations throughout Asia and hence has a very high profile within this region. He is a frequent, invited visitor to countries throughout Asia.

His memberships include the Queensland Academy of Arts and Science, the Royal Australasian College of Physicians, the North American Society of Paediatric Gastroenterology and Nutrition, and the European Society of Paediatric Gastroenterology Hepatology and Nutrition.

Cleghorn Consulting
Taylor Medical Centre
40 Annerley Road
Woolloongabba QLD 4102
T 07 3846 3475
F 07 3891 7445

The Wesley HOSPITAL

GP Education & Events Calendar 2016

FEBRUARY

MON	TUE	WED	THU	FRI	SAT	SUN
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29						

- 10 February — Wound Management
- 16 February — Ear, Nose & Throat

MARCH

MON	TUE	WED	THU	FRI	SAT	SUN
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- 5 March — Cardiac & Heart Health
- 16 March — Paediatric Emergencies

APRIL

MON	TUE	WED	THU	FRI	SAT	SUN
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
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- Week of 11th — Gold Coast
- 16 April — Women in Medicine Wine & Dine
- 21 April — Orthopaedic Surgery

MAY

MON	TUE	WED	THU	FRI	SAT	SUN
30	31					1
2	3	4	5	6	7	8
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23	24	25	26	27	28	29

- 3 May — Pain & Rehabilitation
- 14 May — Emergency Medicine - Adults
- Week of 16th — Emerald & Longreach
- 25 May — Neuroscience / Neurosurgery

JUNE

MON	TUE	WED	THU	FRI	SAT	SUN
		1	2	3	4	5
6	7	8	9	10	11	12
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- 4 June — Women's Health
- 16 June — Advances in Paediatric Medicine

JULY

MON	TUE	WED	THU	FRI	SAT	SUN
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- 8 July — Men in Medicine
- Week of 11th — Sunshine Coast
- 21 July — Gynaecology

AUGUST

MON	TUE	WED	THU	FRI	SAT	SUN
1	2	3	4	5	6	7
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- 2 August — Advances in Prostate Cancer Medicine
- 17 August — Adult Emergency
- 24 August — Diabetes Update
- 27 August — Men's Health

SEPTEMBER

MON	TUE	WED	THU	FRI	SAT	SUN
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5	6	7		9	10	11
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- 7 September — Cardiology Update
- Week of 12th — Rockhampton

OCTOBER

MON	TUE	WED	THU	FRI	SAT	SUN
31					1	2
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- 4 - 6 October — Clinical Week
- 11 October — Breast & Endocrine Surgery
- 15 October — Practical Training Day
- Week of 17th — Hervey Bay
- 29 October — Women in Medicine High Tea

NOVEMBER

MON	TUE	WED	THU	FRI	SAT	SUN
	1	2	3	4	5	6
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28	29	30				

- 2 November — Lower GI
- 12 November — Emergency Medicine - Paediatrics

- CPD Evening at The Wesley Hospital
- ALM Day at The Wesley Hospital
- Regional CPD Evening
- VMP & Gp Networking Events
- Practice Nurse Education Evening
- Other

Please note: Topics & dates are subject to change

For event enquiries please contact:

Phone 07 3232 7222
Email wesley.bdm@uchealth.com.au

www.wesley.com.au

The Wesley HOSPITAL

Continuing to care for kids

UnitingCare Health