

Summer 2019

Medilink

Medical Professionals direct link
to programs and services at the Wesley



Cutting Edge Brain and Spine Surgery

Articles in this issue:

- + 6000 Robot Cases
- + Medical Cannabis Trial
- + Thrombophilia

Welcome to the final edition of Medilink for this year.



AS THE YEAR IS COMING TO A CLOSE WE WOULD LIKE TO THANK THE GP COMMUNITY FOR YOUR ONGOING SUPPORT OF OUR HOSPITAL, OUR SPECIALISTS AND OUR EDUCATION PROGRAM.

Our inclusive education programs that showcase our comprehensive services including cancer care, Centre of Excellences, our breast clinic and women and men's health were of great success due to the passion you share with us to continue learning for our shared patients.

Please keep a look out for our 2020 calendar which we look forward to sharing with you.

In this edition you will read about our patients at The Wesley benefiting from the constant advances in medical research and technologies including our 6000th robotic surgery cases, weight loss surgery, brain surgery and medical marijuana trials. You can also read about innovative new ways we are improving the hospital for our patients, including upgrading our birth suites and Day Treatment Unit.

We also have fantastic new specialists that have joined the Wesley family. Read all about them on page 17.

Our new specialists are available to meet you in person at your practice so they can introduce themselves, discuss their specialities as well as learning about your area of interest.

If you are interested in meeting some of our new or current Visiting Medical Practitioners please do not hesitate to contact the Business Development Unit on 3232 7222.

We thank you again for your support this year, and wish you a safe holiday period and look forward to connecting again in the New Year.

For information please contact the Business Development Unit on 3232 7222 or email wesley.bdm@uhealth.com.au



We are pleased to announce the appointment of our new Director of Medical Services at The Wesley Hospital, Adjunct Professor James Houston, MBBS(QLD); FRACMA; MHP(UNSW); Dip Obst&Gynae RACOG.

Dr Houston's most recent roles were as the Deputy Director of Medical Services at RBWH and Acting Director of Medical Services at Caboolture Hospital.

Previous to those roles, Dr Houston was employed as the Director of Medical Services at Greenslopes Private Hospital for some 16 years. During his time at the 580 bed hospital, Dr Houston was responsible for the quality of the medical services and support of the Visiting Medical Officers as well as the employed medical staff, and particularly the large compliment of junior medical staff in accredited training positions. Dr Houston was integral in the expansion activities of the hospital including eight new theatres and a new expanded CCU. The hospital received significant Commonwealth support during that time which allowed for the creation of the first University of Qld Clinical School.

Dr Houston's achievements and experience across health, demonstrate his commitment to driving and supporting the provision of safe, evidence-based healthcare and we know he will be a fantastic addition to the Wesley Team.

Dr Houston looks forward to connecting with many of you at our education events that we will be holding throughout 2020.



Innovation in treatment

PURPOSE-BUILT DAY TREATMENT UNIT

The Wesley Hospital offers the most comprehensive range of services in a private hospital in Queensland, including an innovative Day Treatment Unit.

Located conveniently on Level 2 of the main hospital building, The Wesley Day Treatment Unit administers various treatments, over several hours, in a purpose-built facility. The close proximity to specialist clinical services, including oncology and neurology, enables patients to receive all their treatment at the one site.

Treatments by experienced and friendly staff include chemotherapy regimens administered by specialist oncology nurses, blood transfusions, one-off infusions, dressing changes, and other specialist infusions which require

day-only admission and urology treatments not requiring a ward bed. It offers 13 bays with comfortable, electronic recliner chairs/beds to enhance patient comfort.

Day Treatment Unit Clinical Nurse Manager Sue Leonard said the new unit has led to more efficient care because patients can begin their required treatments earlier, potentially reducing the need to stay overnight.

"This is much more convenient for the patient and much less stressful," Sue said.

"We are very flexible and try hard to accommodate patients so that it does not impact on their daily lives too much."

Sue said education is offered to new patients undergoing chemotherapy and treatments for other chronic illnesses.

During the visit free Wifi and refreshments are available. The Wesley Day Treatment Unit is open Monday to Friday, 7am to 3.30pm. For appointments contact the team on 3232 7967.

Restoring people to normal life

CUTTING EDGE BRAIN AND SPINE SURGERY

Neurosurgeons at The Wesley Hospital provide advanced brain and spinal surgical services.

As a neurosurgeon who has worked in a large number of private and public hospitals across Australia and the USA, I can honestly say that the facilities available here are world class. To obtain the optimal management, patients need the following:

- Highly skilled and trained neurosurgeons
- The latest range of imaging and other investigations so that preoperative work up and postoperative management is comprehensive, and
- The full range of other medical specialists and facilities on site.

The Wesley Hospital is in the enviable position to provide all of that. Referrers, patients and their families can be reassured that ultimately, we can provide the best chance for a good outcome. I am very confident that our outcomes and patient satisfaction is at least as good if not better than anywhere in Australia.

The neurosurgeons who visit the Wesley Hospital have a range of subspecialty interests that ensures all neurosurgical and spinal issues can be managed (excluding paediatric), such as brain tumours, pituitary disease, trauma, and spinal disease.



For patients with brain tumours, and their families, we have recognized that it is a particularly difficult and stressful time, and as such navigating the medical journey often seems daunting and intimidating.

Brizbrain and Spine has, as part of our practice, a neuro-oncology nurse practitioner, whose role it is to help in this situation. Her role is unique in Australia, and it is yet another reason why the management we provide is of such a high standard.

We are also actively involved in neurosurgical research, and have run multiple clinical trials over the last decade, especially on brain tumours. We continue to be

active in this field, and are much more productive than any other Neurosurgical Queensland unit, public or private!

We also are proud to say that the Wesley hospital has supported the Neurosurgeons by recently purchasing the latest Zeiss Kinevo 900 operating microscope. This equipment, with built in 3D imaging and endoscopic attachments is cutting edge, helping deliver the best outcomes for our patients.

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“We are also actively involved in neurosurgical research, and have run multiple clinical trials over the last decade, especially on brain tumours.”



Commitment to Excellence

AUSTRALIA'S FIRST CENTRE OF EXCELLENCE IN ROBOTIC SURGERY CELEBRATES 6000TH ROBOTIC CASE

As a leader in care, innovation and medical technology, the Wesley's pursuit of excellence has been internationally recognised by one of the world's leading medical accreditation agencies, SRC as well as celebrating their 6000th Robotic surgery case. A/Prof Troy Gianduzzo explains why it is such an exciting milestone for the Wesley to be named a Centre of Excellence in Robotic Surgery.

Robotic technology offers the benefits of minimally-invasive surgery coupled with the dexterity of open surgery and is often easier to perform than pure laparoscopy. The days of open surgery are fading. Similarly, laparoscopic surgery is being replaced with the robotic interface.

In my specialty area of prostate cancer, robotic prostatectomy has surpassed open surgery

with over 70% of all radical prostatectomies in Australia now performed robotically. Increasingly surgeons and patients are choosing robotics across a range of surgical disciplines including urology, gynaecology, general surgery, cardiothoracic surgery, and head and neck surgery.

The Wesley Hospital acquired its first da Vinci robot in 2009. At that time there were only 2 other

systems in Queensland and 7 throughout Australia. However, this number has now grown exponentially to 14 in Queensland and 48 Australia-wide.

Health consumers have more choice than ever before, but how do patients and their GPs choose where, and to whom to go?

The biggest predictors of outcomes relate to surgeon training and to surgeon and hospital volume.

“Since 2009, more than 6000 robotic procedures have been performed at The Wesley Hospital, including 736 radical prostatectomies in the last 12 months alone, making it the highest volume robotic centre in the country.”

Surgeons who have had dedicated fellowship training in minimally invasive surgery have better results and shorter learning curves compared to those who have transitioned from open surgery.¹

In the case of radical prostatectomy, the learning curve to transition from open surgery to robotics is estimated to be around 250-500 cases.^{2,3}

High volume, experienced surgeons are associated with better operative outcomes compared to low volume surgeons.⁴

However, surgery is not a solo virtuoso performance as surgeons are heavily dependent on the hospital infrastructure and systems that support them. Accordingly, procedures performed at high volume hospitals have consistently better outcomes with fewer complications and lower costs compared to low volume institutions.^{4,5}

Since 2009, over 4600 robotic procedures have been performed at The Wesley Hospital, including 736 radical prostatectomies in the last 12 months alone, making it the highest volume robotic centre in the country.

Given this background, it is very exciting to announce that the Wesley Hospital has been officially accredited as Australia's first Centre

of Excellence in Robotic Surgery by the US-based Surgical Review Corporation (SRC). SRC is an independent body that assesses surgeons and healthcare facilities worldwide to advance surgical safety and efficacy.

The rigorous accreditation process assesses both surgeon experience as well as hospital infrastructure and systems, including the organisation's commitment to excellence, clinical support services, equipment, clinical pathways and procedures, ancillary support staff services, patient education, and quality assurance mechanisms.

At a minimum the SRC requires that at least 100 robotic procedures per year are performed at the institution under review and that each program surgeon must perform 30 procedures per year.

The Wesley easily met these criteria as over 900 cases are performed at the Wesley annually and each of our program surgeons performs over 100 cases per year.

In November 2017, the Wesley Hospital was awarded its Centre of Excellence in Robotic Surgery by the SRC. We are particularly grateful to the efforts of our specialist prostate cancer care nurse Rachel Oxford and to Shona di Clemente who worked tirelessly to facilitate the SRC review.

This accreditation is an important differentiating feature for the Wesley. Ultimately any hospital with enough capital can purchase a robot. However, whether that hospital has the surgical expertise in its accredited surgeons combined with the institutional expertise to deliver a world class surgical service is a different matter.

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A/Prof Troy Gianduzzo
Medical Advisory Committee
Chairman, Urology Craft Group
Chairman, Robotic Committee
Co-chair - The Wesley Hospital

A close-up photograph of a pregnant woman's hands resting on her belly. She is wearing a dark grey long-sleeved top and blue jeans. Her left hand is resting on her upper right abdomen, and her right hand is resting on her lower right abdomen. She is wearing a gold ring on her left ring finger. The background is a soft, out-of-focus grey.

Thrombophilia and Pregnancy

THROMBOPHILIAS ARE A RANGE OF CONDITIONS
WHICH SUBSTANTIALLY INCREASE THE RISK OF
THROMBOEMBOLISM

“Thrombophilias can be either inherited or acquired, the former being relatively common within Western populations”

Pregnancy in itself is a pro-thrombotic state and may serve to uncover a thrombophilia with presentation either as:

1. venous thromboembolism (VTE): deep vein thrombosis (DVT) or pulmonary embolism (PE), or,
2. as an adverse obstetric outcome: such as intrauterine growth restriction (IUGR), foetal loss/stillbirth, pre-eclampsia and placental abruption.

Thrombophilias can be either inherited or acquired, the former being relatively common within Western populations (up to 15% incidence) and VTE can affect up to 1:1000 pregnancies.

Inherited thrombophilias for which there are laboratory tests, include:

1. Procoagulant factor mutations:
 - a). Factor V Leiden (FVL) – synonymous with activated Protein C resistance (APCR); b). Prothrombin gene (PTGM) and c). Plasminogen Activator Inhibitor-1 (PAI-1); and
2. Reduced activity of endogenous coagulation proteins: natural anticoagulants - Proteins (C and S) and Antithrombin. The reduced activity can be either functional (normal levels, reduced function) or a true deficiency of the anticoagulant protein.

The main acquired thrombophilia, which can be tested in the laboratory, is the Anti-phospholipid Syndrome (APS), for which there are functional (lupus anticoagulant (LAC)) and antigenic tests (anti-cardiolipin antibodies – both IgG and IgM). The role of anti-beta-2glycoprotein antibodies is debatable.

Other potential thrombophilic states for which there is for contentious evidence in pregnancy, are the hyperhomocysteinaemias and the related methyltetrahydrofolate reductase (MTFR) mutations.

Potential reasons to undertake thrombophilia testing in a pregnant patient include:

- Strong family history of VTE in a close relative - inherited thrombophilias;
- Recurrent (≥ 3) miscarriages in early pregnancy (1st trimester), or
- Any late (≥ 2 nd trimester) pregnancy loss;
- Previous history of VTE in pregnancy;
- Stillbirth;
- Early-onset preeclampsia or IUGR ($< K+34$).

If a thrombophilia is suspected, then additional foeto-placental surveillance and in some cases, anticoagulation with a combination of either aspirin and/or low molecular weight heparins (LMWH) may be necessary. The role of thromboprophylaxis in the absence of active or a past history thrombosis is very contentious. The new direct oral anticoagulants (eg. Xarelto®, Eliquis® and Pradaxa®) are contraindicated in pregnancy and the pre-conception period and should be avoided if breastfeeding. In rare instances, other anticoagulants which do not cross the placental border eg. fondaparinux (Arixtra®) may be used under guidance from a clinical haematologist.

While a thorough discussion of the decision to test and anticoagulate in pregnancy is beyond the scope of this article, some matters are notable:

1. Individual conditions, in isolation, are often insufficient to justify thromboprophylaxis, with only a few exceptions – mainly the rare and severe forms of inherited thrombophilias, such antithrombin deficiency;
2. Many thrombophilia studies, particularly the quantitative protein assays, are difficult to interpret in pregnancy as their levels

may be naturally reduced – in many instances a normal level is more helpful as an exclusion of a deficiency in pregnancy and testing may need to be repeated if marginally reduced during pregnancy (particularly Protein S levels);

3. The decision to anticoagulate must bear in mind (as in all cases) the risk of bleeding – obstetric considerations such as the health and positioning of the placenta and the patient's individual medical circumstances, such as an existing history of bleeding diatheses, need to be considered.
4. The management of all obstetric patients with a significant history of thrombosis or thrombophilia should be undertaken in a centre resourced and staffed with obstetricians and other specialists, who can treat obstetric emergencies, acute thromboembolism, bleeding and paediatric emergencies. The Wesley Hospital is well resourced in that respect.



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Inflammatory Bowel Disease



INFLAMMATORY BOWEL DISEASE (IBD) IS A CHRONIC, IDIOPATHIC INFLAMMATION OF THE GASTROINTESTINAL TRACT, CHARACTERISED BY PERIODS OF REMISSION AND RELAPSE. ULCERATIVE COLITIS (UC) IS LIMITED TO THE COLON AND CROHN'S DISEASE (CD) CAN INVOLVE ANY PART OF THE GASTROINTESTINAL TRACT FROM MOUTH TO ANUS, BUT MOST COMMONLY AFFECTS THE TERMINAL ILEUM AND COLON.

“A recent review identified that adolescents with IBD who undergo a formal transition process have decreased rates of surgery and hospital admission”

Approximately 350 in every 100,000 Australians suffer from IBD. In 2012, an estimated 74,955 Australians were living with IBD¹. By 2022, the average number of IBD sufferers is projected to increase to 89,752.

Up to 25% of patients with IBD will first present in childhood or adolescence². Pediatric Inflammatory Bowel Disease (PIBD) has a more extensive anatomical involvement at diagnosis and more aggressive disease course compared with adult patients. Therefore, they have higher rates of immunomodulator use, and biological therapy reflecting the underlying severe disease phenotype⁴.

The quality of life (QOL) of patients with PIBD has also been shown to be decreased in early adulthood when compared to population-based controls. A recent Australian review supported this notion with a significant proportion (35%) reporting mood disturbance. Despite this, psychological services are under utilised, with only 5% of those with mood disturbances accessing specific care. This growing cohort of complex patients will eventually transition from paediatric to adult care.

Transition is the purposeful, planned movement of adolescents

and young adults with chronic physical and medical conditions from child-centered to adult-oriented healthcare systems.

The relapsing and remitting nature of IBD and its impact on the physical, developmental and psychological states of adolescent patients make successful transition a priority. A recent review identified that adolescents with IBD who undergo a formal transition process have decreased rates of surgery and hospital admission, reach maximal growth potential with improved rates of medication compliance, disease remission rates, clinic attendance⁵.

Given the complex needs of these patients, an Adolescent IBD clinic will be commencing at the Wesley, which will be attended by a paediatric and adult gastroenterologist, with access to nursing and allied health staff (dietitian, psychologist, social worker). This clinic will service the Inner Metro/Northwestern Metro area of Brisbane and provide outpatient, inpatient care through a supported transition process.

Some of the benefits to patients include :

- Education, support and assistance with management of a chronic medical condition.

- Improved QOL and reduced psychological impact
- Foster self care through improved knowledge and understanding of disease
- A supported transition process
- Optimised growth and development

The Wesley Hospital is uniquely placed to provide care to this population given its ability to provide rapid access to a state of the art endoscopy unit, radiology services including MRI, surgical services, a day infusion unit and inpatient medical facilities for paediatric, adolescent and adult patients.

Referrals can be made directly to the clinic via Dr Richard Muir.



Dr Richard Muir

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Cutting-edge surgery for heart patients

TEAM OF QUEENSLAND CARDIOLOGISTS PERFORM STATE-FIRST HEART VALVE REPLACEMENT SURGERY

A team of GenesisCare cardiologists and their surgical colleagues at The Wesley Hospital are the first team in Queensland, and among the first in the world, to successfully perform a new type of heart valve replacement surgery.



“The artificial valve has been modified from its original design to include an outer cuff to reduce blood flow back to the heart, improving long-term performance of the valve. ”

Using a new transcatheter aortic valve implantation (TAVI) system, Navitor™, the team implanted the new artificial valve to treat aortic valve stenosis, a debilitating heart disease.

Senior Interventional Cardiologist Dr Anthony Camuglia said the valve eliminates the need for open heart surgery for high-risk patients, with a new design that has many advantages over previous valves:

“The artificial valve has been modified from its original design to include an outer cuff to reduce blood flow back to the heart, improving long-term performance of the valve.

“For patients, this means a shorter recovery time, and fewer issues with a leaking valve which can cause problems with breathlessness in the future.”

Aortic valve stenosis occurs when the heart’s aortic valve narrows, which prevents the valve from opening fully and blocks blood

flow from the heart into the main artery and the rest of the body.

“Patients may suffer from severe breathlessness, chest pain and fatigue from the serious condition. If left untreated, aortic valve stenosis can lead to heart failure and in some cases can prove fatal,” said Dr Camuglia.

Dr Camuglia said GenesisCare and The Wesley Hospital have made sure that Queenslanders are among the first in the world to access the new technology.

“Ever since we started our Structural Heart Program at The Wesley, we’ve aimed to involve ourselves in research, accessing the most up-to-date technology for our patients. As a result, we can access cutting-edge care for our patients, not just for transcatheter aortic valves, but we’re also involved in research studies in other areas including mitral valves,” said Dr Camuglia.

“Being involved in these trials, allows access to technology to help treat patients who either didn’t have an option for treatment in the past or whose only option was relatively high-risk open heart surgery, that they may not have recovered very well from.”

“This new technology is a step forward in the way we can treat patients, with lower risk and better outcomes - giving Queenslanders early access to world class treatment.”

The surgery is part of a new clinical trial evaluating the effectiveness of the Navitor™ transcatheter aortic valve implantation (TAVI) system to treat aortic valve stenosis. GenesisCare is running the trial at The Wesley Hospital in Brisbane and is part of a larger multi-national study being run across Australia, Europe and North America. The Wesley Hospital is the only site in Queensland invited to be involved in the study.



Life-changing Treatment

AUSTRALIAN FIRST MEDICINAL CANNABIS
TRIAL FOR TOURETTE'S SYNDROME



“The purpose of this clinical trial is to investigate whether medicinal cannabis is a potential therapy for people with Tourette’s syndrome.”

Chris Wright is the first participant to commence a clinical trial of medicinal cannabis as a treatment for the neurological disorder Tourette’s syndrome - a movement disorder which begins in childhood and is characterised by involuntary movements and vocalisations. The trial is being conducted by Wesley Medical Research, on campus at The Wesley Hospital, with the support of the Lambert Initiative at the University of Sydney.

Chris developed Tourette’s syndrome in childhood and despite medication, his condition has persisted. Some people with Tourette’s syndrome experience side-effects existing therapies including fatigue and weight-gain.

“The purpose of this clinical trial is to investigate whether medicinal cannabis is a potential therapy for people with Tourette’s syndrome,” said Wesley Medical Research lead investigator and neuropsychiatrist Dr Philip Mosley.

The medicinal cannabis, developed to pharmaceutical standards, contains a mixture of cannabidiol (CBD) and

tetrahydrocannabinol (THC) – two phytocannabinoids derived from the cannabis plant. The Lambert Initiative will be supplying the drug for this trial.

“Given the public interest in the therapeutic use of cannabis, it’s important to conduct rigorous and methodologically-sound research” said Dr Mosley.

At 31, Chris is working full-time in Customer Service in Brisbane and spends his day trying to regulate his tics. “Any reprieve would very welcome. It is getting to the point where I don’t know what to do, it feels as though it all gets too much sometimes,” said Chris.

Participants in the clinical trial at Wesley Medical Research will complete two 6-week “crossover” periods of treatment with active drug or placebo, with both participants and investigators unaware of treatment status until the trial is complete.

“The biggest impact this trial has had on my life so far is that my head movements have almost gone and I have been able to read my first book in 10 years. I don’t know if anyone realises what a big deal this is for me. This is life-changing.”

Dr Jennifer Schafer said that “our focus is to give people like Chris these opportunities to improve their quality of life. We offer hope and answers through medical research. We are fortunate to have dedicated front-line clinicians like Dr Mosley leading this important work and donors who continue to support this valuable research.”

“There is already early evidence to support the successful treatment of Tourette’s syndrome with cannabinoids” said Professor Iain McGregor, Academic Director of the Lambert Initiative. “This clinical trial could have a major impact and greatly improve the lives of those living with Tourette’s syndrome.”

Wesley Medical Research has commenced recruitment for the trial.

For more information, call Wesley Medical Research on 07 3721 1500 or visit www.wesleyresearch.org.au/tourettes

WESLEY MEDICAL RESEARCH.
THE WESLEY HOSPITAL | ST. ANDREW'S HOSPITAL
BUDEFERIM PRIVATE HOSPITAL | ST. STEPHEN'S HOSPITAL

25
YEAR
ANNIVERSARY
1994 - 2019

What's new in bariatric surgery?

WE RECENTLY SAT DOWN WITH ONE OF OUR LEADING BARIATRIC SURGEONS, DR IAN MARTIN, TO LEARN MORE ABOUT CURRENT TRENDS IN BARIATRIC SURGERY. DR IAN MARTIN IS A BARIATRIC, HEPATOBILIARY AND UPPER GI SURGEON AT THE WESLEY HOSPITAL. HE CHAIRS THE BARIATRIC SURGICAL GROUP COMMITTEE AND IS ON THE BOARD OF THE QUALITY ASSURANCE COMMITTEE AT THE WESLEY HOSPITAL.

What does the research say?

There is no long-term data supporting the use of medication or diet to achieve meaningful weight loss, i.e. losing 15 kilograms or more weight to fall into a normal weight range. Inevitably hunger, which is largely genetically-controlled, wins in the long-term. I discuss this topic, for the medical practitioner audience, in detail on my website brisbaneweightlossurgery.com.au: 'The evidence basis for obesity and treatment options'.

What are the options?

The new Saxenda injections are costly, required long-term, and resulted in an average of four to six kilogram weight loss compared to placebo in the five randomised trials published (1).

While laparoscopic gastric banding has a published long-term record of 50% excess weight loss over

10 years (2), most surgeons in Australia are performing either gastric sleeve or bypass procedures.

Why is gastric sleeve or bypass the preferred option?

1. Weight loss is less with laparoscopic banding
2. Gastric sleeve and bypass procedures across Australia have been shown to be extremely safe
3. Patients drive which procedure they have after seeing the published results or the outcomes of friends or loved ones

It's also noted that the re-operation rates for laparoscopic gastric banding are not insignificant either. I tend to reserve this procedure for patients who I deem too sick to withstand a leak from sleeve or bypass surgery. This would include

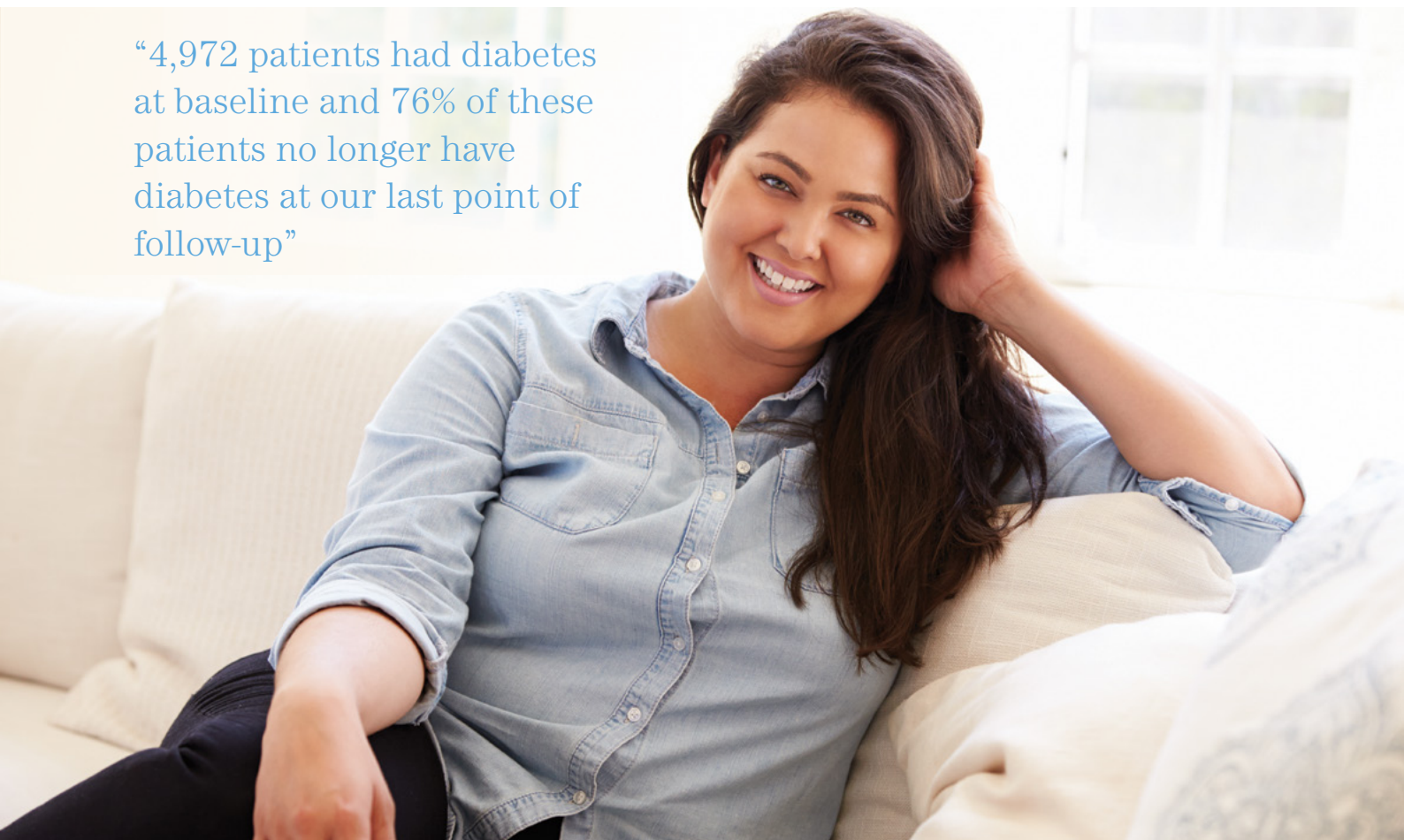
patients with moderate cardiac issues or those with unfavourable anatomy or physiology (cirrhosis with portal hypertension, prior gastric/major intestinal surgery).

Trends in bariatric surgery

Our own national Bariatric Surgical Registry (BSR)(3) is available online and gives a wonderful view of trends in bariatric surgery and importantly captures morbidity and outcomes. As an internationally recognised Centre of Excellence, The Wesley Hospital performs 1700 bariatric operations per year which are included in this database. Since achieving this accreditation, The Wesley have performed 4500 bariatric procedures with no mortalities and are well under the benchmarked percentages for complications, readmissions and reoperations.

Nationally, bariatric surgery is most commonly performed in women

“4,972 patients had diabetes at baseline and 76% of these patients no longer have diabetes at our last point of follow-up”



aged 40-50 years with a BMI of 43. 4,972 patients (13.6% of the BSR database) had diabetes at baseline and 76% of these patients no longer have diabetes at our last point of follow-up.

In the last financial year 24,226 bariatric procedures were performed across Australia, 71.5% were for sleeve gastrectomy, 16.8% bypass, 6% removal of lap bands (reflux, intolerance, slips, prior to a second bariatric procedure) and only 2.9% were laparoscopic gastric banding.

There is a trend around Australia towards more liberal use of

Minigastric bypass (MGB or single loop gastric bypass) as a stand alone procedure for bariatric surgery (4). The plumbing is very simple with only one anastomosis and the long term comparative data is compelling with respect to excellent durable weight loss. The downside is the essential requirement to take a multivitamin daily and 1% may suffer bile reflux requiring conversion back to a roux loop. The latter has occurred in two of my last 220 patients who have undergone MGB. I tend to reserve MGB (over sleeve gastrectomy) for patients with BMI over 45, diabetic, or

with moderately severe reflux/ large hiatal herniae, who are non-smokers and agree to trace element blood profiles 6-12 monthly lifelong.

Dr Martin is happy to discuss issues that you or your patients may have over the phone.

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New Arrivals

A LOOK AT THE WESLEY HOSPITAL
BIRTHING SUITE UPGRADES



The Wesley Hospital's maternity unit has recently completed upgrades to their birthing suites, ready to welcome our Christmas babies.

Comfort, privacy and functionality have been kept in mind, ensuring an even better experience for expectant parents set to use the new suite. Our birthing suites are equipped to handle all situations.

The five private birth suites have been upgraded with new furnishings for the birthing mother, partners or support persons, to ensure privacy, tranquility, a friendly atmosphere and a truly personal birth experience.

Midwife and Clinical Nurse Robyn Heron said it's a pleasure to care for expectant and new mums in the new suites.

"This is where many of our mums meet their babies for the first time.

And for first time mums, it's where they become a family. It's very special to be involved in that first moment."

If you have patients that are interested in viewing the new birth suites, please direct them to book a tour online at [wesley.com.au/services/clinical-services/wesley-maternity-unit/ward-tour-booking](https://www.wesley.com.au/services/clinical-services/wesley-maternity-unit/ward-tour-booking)

The Wesley Hospital Rehabilitation Centre



WOMEN'S HEALTH PHYSIOTHERAPY OUTPATIENT CLINIC

Our experienced physiotherapists provide personalised, comprehensive and private consultations. We are a small team who have specific post-graduate training in the area of women's health. This enables us to help women overcome a range of health issues.

Our clinic offers assistance with:

- Persistent pelvic pain
- Pelvic organ prolapse
- Pelvic floor muscle dysfunction, including urinary incontinence
- Rehabilitation after gynaecological surgery

- Bladder overactivity
- Urinary/bowel incontinence and constipation
- Management of women in the ante-natal and post-natal period
- Rehabilitation after breast cancer surgery
- Lymphoedema assessment and management

We also offer individually tailored post-natal exercise classes for mothers from 6 weeks post-natal. Our classes are run by a physiotherapist and offer flexible, personalised programmes

designed to safely strengthen, and tone bodies post baby.

We are also able to assist our clients with rehabilitation after breast cancer surgery. We are able to prescribe individually tailored exercise programs and offer hands on treatment. Our physiotherapists are also lymphoedema trained and offer a multi-disciplinary approach to lymphoedema management.

We offer competitive prices with access to HiCAPs for an effortless rebate with health funds.

How to refer: Please visit [wesley.com.au/day-rehabilitation](https://www.wesley.com.au/day-rehabilitation) or phone **3232 6190**



MEN'S HEALTH PHYSIOTHERAPY OUTPATIENT CLINIC

Our clinic provides our clients with a personalised private consultation with an experienced men's health physiotherapist. Consultations include a comprehensive assessment and individually tailored plan and up-to date treatment options. We work closely with the treating medical team to assist in recovery.

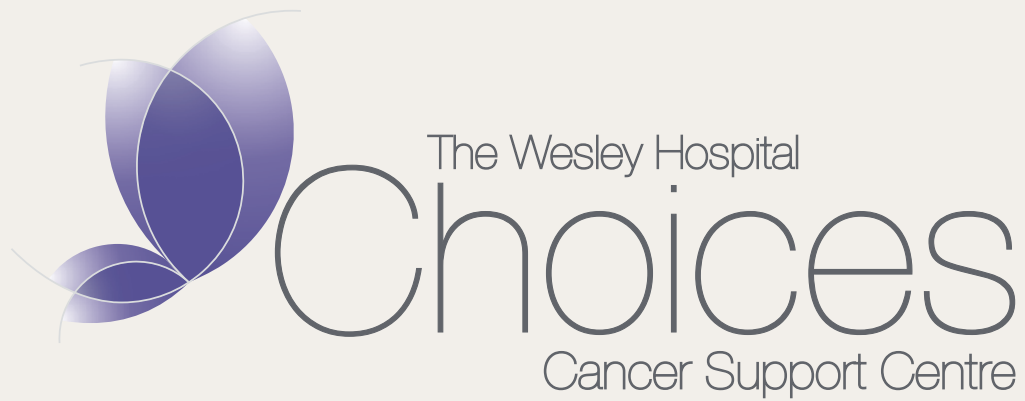
Our clinic offers assistance with:

- Pre-operative and post-operative prostatectomy pelvic floor exercise prescription; including transperineal ultrasound assessment.
- Graduated and safe return to activity and exercise following prostatectomy
- Incontinence
- Pelvic floor dysfunction
- Pelvic pain
- Lymphoedema management

We offer pre and post-operative rehabilitation physiotherapy for men undergoing prostate cancer surgery. This includes education on the male continence mechanism and the role of pelvic floor muscle training in improving continence and erectile outcomes. We use an individualised approach to assess

and teach pelvic floor muscle training using real time ultrasound biofeedback. We also focus on functional activation of these muscles for daily tasks and provide education on healthy bladder and bowel habits, lifestyle modifications in the post-operative period and return to exercise.

How to refer: Please visit [wesley.com.au/day-rehabilitation](https://www.wesley.com.au/day-rehabilitation) or phone **3232 6190**



THE CHOICES SUPPORT CENTRE PROVIDES PATIENTS ACCESS TO A NETWORK OF PROFESSIONALS INCLUDING NURSES, COUNSELORS, PHYSIOTHERAPISTS, NUTRITIONISTS, COMPLEMENTARY THERAPIES, AS WELL AS DEDICATED STAFF AND VOLUNTEERS WHO CAN PROVIDE SUPPORT AND CONNECT PATIENTS WITH OTHER PEOPLE WHO HAVE ALSO BEEN AFFECTED BY CANCER.





The unique programs aim to improve your patient's quality of life and are available to both men and women regardless of where they receive treatment.

Choices offers a calm, caring and safe place for people with all types of cancers. At Choices, any individual affected by cancer receives appropriate support and information to meet their physical, practical and emotional needs following a diagnosis of cancer.

How they can help

- Assistance with making important decisions about surgery and treatment
- Connection with nurses specialising in cancer, women's and men's health
- Support groups to bring together those who can share their similar personal experiences
- Complementary therapies to counteract stress and provide relaxation
- Post-surgery exercise classes to improve range of motion and strength
- Advice about broader life-related topics including stress management, sexuality and fertility issues, survivorship, menopause, exercise and nutrition
- Support services such as a rural and regional workshop program, wig and turban library, and community education presentations to schools, clubs and businesses
- The Choices Cancer Support Program is available to any person, male or female, with a diagnosis of cancer.

Choices is located at The Wesley Hospital beneath the rehabilitation wing. They are open Monday to Thursday 8.30am-4pm and Friday 8.30am-2.30pm. Please inform your patients they can drop by and visit anytime within these hours.

For phone assistance **FREE CALL 1800 227 271** or **3232 6548**
or email **choices@uchealth.com.au**

Carly's Story

The first day that I sat in a chemo chair I sat down and I was looking for a support group for young people with cancer. That's when I found Choices at the Wesley.

Cancer is difficult enough to navigate on its own. It's the last word you ever want to hear from a doctor, why? Because it comes with so much uncertainty. And the more we know and learn, the more we realise how much we don't know.

But for everything that cancer has temporarily taken away from me, it has created space for connection, support and community to grow. The best thing to come into my life this year was my involvement with an organisation called choices, set up by Kevin Walters after his first wife Kim died from breast cancer.

For me, Choices helped me to navigate the hardest time of my life so far. They provided much needed support and helped me to thrive through a year I never expected.

“For me, Choices helped me to navigate the hardest time of my life so far. They provided much needed support and helped me to thrive through a year I never expected.”

New Visiting Medical Practitioners



Dr Leon Kitipornchai
ENT Surgeon

CompleteENT
Level 1, 135 Wickham Terrace
Spring Hill Qld 4000
T 07 3905 5999
F 07 3056 3221
E info@completeent.com.au

Dr Leon Kitipornchai is an ENT surgeon subspecialised in Obstructive Sleep Apnoea and Snoring Surgery.

Born and raised in Brisbane, he received his Bachelors, postgraduate Medical and subsequent Masters degrees from the University of Queensland. After completing his ENT training in Queensland, he was awarded his Fellowship in Otolaryngology Head and Neck Surgery from the Royal Australian College of Surgeons. Subsequently, he completed a post-fellowship clinical and research post with Professor Stuart MacKay in Wollongong with a subspecialisation focus on Obstructive Sleep Apnoea in children and adults as well as Thyroid and Parathyroid surgery.

Dr Kitipornchai is currently completing a Master of Medicine (Sleep Medicine)

qualification at the University of Sydney. He is a Senior Lecturer (clinical) with the University of Queensland who is actively involved in education of medical students, training ENT registrars and ongoing research in the field of sleep surgery. On the topic of surgery for Sleep Apnoea, he has multiple international publications, a book chapter, and has been an invited speaker at national conferences and courses. He is a member of the Royal Australasian College of Surgeons, the Australian Society of Otolaryngology Head and Neck Surgery, the Australian Medical Association, the International Surgical Sleep Society and the Australasian Sleep Association.

Dr Kitipornchai consults at Wickham Tce Spring Hill, The Wesley Hospital, North Lakes, and Springfield.



Dr Martin Lowe
Orthopaedic Surgeon

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Dr Martin Lowe is a Queensland trained Orthopaedic Surgeon who subspecialises in Orthopaedic Oncology, primary hip and knee replacement, revision hip and knee replacements and lower limb trauma.

The ethos of his practice is to provide exceptional orthopaedic care while meeting his patients health needs in a caring and friendly environment.

Dr Lowe was born and raised in Brisbane and graduated from the University of Queensland School of Medicine in 2007 and completed his Orthopaedic Fellowship in 2017. Following this he undertook a fellowship at the prestigious Royal Orthopaedic Hospital in Birmingham, United Kingdom, under the direct tutelage of world renown surgeon Professor Lee Jeys. During his time in this centre of excellence for Orthopaedic Oncology and Arthroplasty, Dr Lowe

gained extensive experience in the surgical management of both adult and paediatric sarcomas using 3-Dimensional intra-operative computer navigation as well as managing complex primary and revision joint replacement of the hip and knee. He also worked within the West Midlands Bone and Joint Infection Unit and acquired many unique and innovative surgical skills in managing joint infections.

Dr Lowe is an active participant in multiple research projects both locally and internationally and has presented at multiple international scientific meetings both in the field of oncology and joint replacement.

Dr Lowe has dual Staff Specialist appointments at both the Queensland Childrens' Hospital and the Princess Alexandra Hospital, where he is the Deputy Director of Orthopaedics. He consults and operates at the Wesley Hospital.



Dr David Mitchell
General Surgeon

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40 Chasely Street
Auchenflower QLD 4066

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Northside
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Dr David Mitchell is an Upper Gastro-intestinal, Bariatric and General Surgeon based in Brisbane.

Dr Mitchell consults and operates at The Wesley Hospital, St Andrew's War Memorial Hospital and St Vincent's Private Hospital Northside.

Dr Mitchell is a Queensland trained General, Upper Gastro-intestinal & Bariatric Surgeon. After completing a Bachelor of Science in Medical Science at Queensland University of Technology (QUT), David undertook his Medical Degree at the University of Queensland, which he completed in 2007. David commenced General Surgery training at The Royal Brisbane & Women's Hospital in 2011. Following completion of his Fellowship (FRACS) in 2015, David underwent sub-speciality training in Upper Gastrointestinal & Bariatric Surgery. David completed his first year at one of Australia's leading Upper Gastro-intestinal and Bariatrics Centres, Concord Hospital in Sydney.

David was then accepted onto the official Australian & New Zealand Gastro-Oesophageal Surgery Association (ANZGOSA) fellowship

training program. He completed two further years of fellowship training at the Royal North Shore Hospital (Sydney) and The Royal Brisbane & Women's Hospital (Brisbane). During this time, David furthered his interest in advanced oesophago-gastric cancer, reflux and bariatric surgery. During David's final year of training, he held the position of University of Queensland Surgical Fellow, continuing his interest in teaching junior doctors and medical students.

David is currently appointed as an Upper Gastro-intestinal & Bariatric Surgeon at the Royal Brisbane & Women's Hospital, where he is part of both the Bariatric and Upper Gastro-intestinal Cancer Multi-disciplinary Teams. David is a passionate general surgeon who actively participates in on-call general and trauma surgery. He is a member of ANZGOSA and ANZMOSS and has published and presented on oesophageal cancer, reflux and bariatric outcomes both nationally and internationally. David is currently enrolled in a PhD at Notre Dame University furthering his interest in reflux surgery and its outcomes.



Dr Kin Kwong
Respiratory and General Physician

Wesley Medical Centre
Suite 26, 40 Chasely Street
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T 07 3870 4511
F 07 3371 3677

Dr Kwong is a well-trained respiratory and general physician from Hong Kong.

He has immigrated to Australia since May 2017 and worked in Port Macquarie (NSW) and Darwin (NT) before he came to Brisbane.

Dr Kwong has strong expertise in managing difficult chronic airway diseases (including asthma, COPD and bronchiectasis), bronchoscopic and pleural procedures for lung cancer. Furthermore, he is also capable of treating patients with Interstitial Lung Diseases (ILDs), pulmonary hypertension and complex sleep disorders.

His substantial experience in general medicine has enabled him to look after patients with complicated medical background well.

Dr Kwong is accredited as a Respiratory and General Physician at the Wesley Hospital for both in-patient and out-patient care. Dr Kwong can speak Cantonese, Mandarin and English fluently.



Dr Kevin Chan General Surgeon

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Dr Kevin Chan is a General Surgeon operating at The Wesley Hospital.

Dr Kevin Chan is an Upper Gastro-Intestinal, Bariatric and General Surgeon based in Brisbane, Queensland. Dr Chan consults and operates privately at The Wesley Hospital, St Vincent's Private Hospital Northside and St Andrew's War Memorial Hospital. He has a public appointment at the Royal Brisbane and Women's Hospital.

Kevin completed his general surgery fellowship in Queensland in 2015. He then undertook further training in upper gastrointestinal surgery through the Australian and New Zealand Gastric and Oesophageal Surgery Association (ANZGOSA) post-fellowship training program.

His fellowship posts included St Vincent's Hospital Melbourne, St Vincent's Hospital Sydney and Concord Repatriation General Hospital Sydney where he gained extensive experience in advanced upper gastrointestinal surgery and bariatric surgery including revisional bariatric surgery.


He returned to Brisbane where he started Total Upper GI Surgery with like-minded surgeons whose aim is to provide their patients with exceptional care in the all fields of upper gastrointestinal surgery as well as general surgery.

His special interests are reflux disease, upper gastrointestinal oncology and bariatric surgery. He is a member of ANZGOSA, ANZMOSS and GSA and continues to keep abreast with developments in upper gastrointestinal and bariatric surgery by attending local and international conferences.

He currently holds a public appointment at the Royal Brisbane and Women's Hospital and participates in the Acute General Surgery/Trauma on-call roster. He consults and operates at The Wesley Hospital (Auchenflower), St Vincent's Private Hospital Northside (Chermside) and St Andrew's War Memorial Hospital (Spring Hill).

Kevin is happy to take referrals for all areas of Upper Gastrointestinal Surgery and General Surgery including:

- Anti-reflux surgery
- Hiatal hernia repair
- Bariatric surgery (Sleeve Gastrectomy & Gastric Bypass)
- Revisional bariatric surgery (incl Gastric band removal)
- Oesophagogastric oncology
- Emergency and Elective General Surgery (Hernias, gall bladders, small bowel pathology)
- Upper endoscopy



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Contact us

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