Spring | 2020

The Wesley HOSPITAL
Caring for you for life

Medilink

Medical Professionals direct link
to programs and services at the Wesley

CELEBRATING 10 YEARS OF EXCELLENCE IN ROBOTICS

SRC CENTER OF EXCELLENCE ROBOTIC SURGERY

In this issue:

Welcome

WE HOPE THAT EVERYONE HAS BEEN KEEPING WELL DURING THIS CHALLENGING TIME. WE WANT TO THANK OUR NETWORK OF GPS FOR THEIR OFFER OF SUPPORT DURING OUR CALL FOR ASSISTANCE.

The Wesley team have worked extremely hard during the COVID-19 pandemic to ensure the safety and wellbeing of both staff and patients.

Our staff went above and beyond to ensure safety was at the forefront by stepping up their training in relevant areas, controlling PPE management, temperature checking at all access points to the hospital with a positive attitude.

We are pleased to bring you a range of other news. In this edition we celebrate the milestone of 10 years of robotic surgery at The Wesley. We sat down with a number of our robotic specialists to ask them why 10 years of robotic surgery is so important for The Wesley and our patients.

As we transition, we thank you for your support and encourage you sign up for our online GP Education events.

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

GP EDUCATION

In light of the COVID-19 pandemic we have moved our RACGP education to online Zoom events. We thank the GPs that are embracing this new way of learning.

If you would like to be added to our invitation list please email wendy.hansen@uchealth.com.au

We look forward to seeing you online soon!

SEAN HUBBARD APPOINTED GENERAL MANAGER OF THE WESLEY HOSPITAL

The Wesley is pleased to welcome Sean Hubbard as General Manager for the hospital. Sean joined The Wesley on 2 March 2020.

As an internationally accomplished executive, Sean has 20 years' experience across an extensive range of leadership roles in healthcare organisations, most recently at the Mater Group.

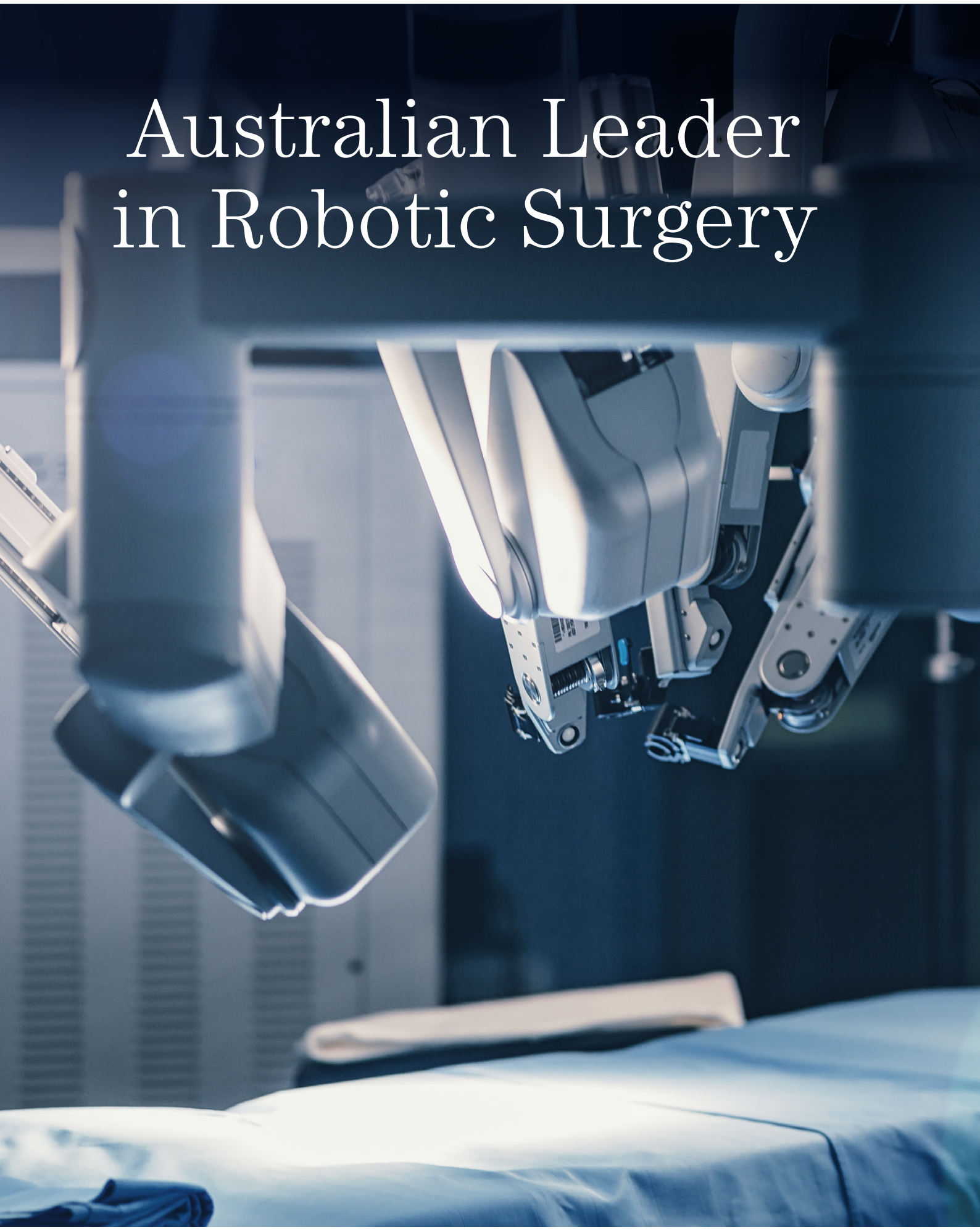
In moving into his new role at The Wesley, Sean said his focus remains on ensuring the continual delivery of safe, high-quality and personalised care to patients.

"The Wesley Hospital is an iconic Queensland service filled with dedicated staff, doctors, allied professionals and volunteers, all striving to deliver amazing care to our community - what a privilege it is to work in such an environment."

In his most recent role as Mater Health Chief Executive Officer, Sean's achievements included driving substantial growth within hospital admissions, theatre and outpatient activity, as well as delivering a new private mental health service for young adults.

In his earlier career Sean qualified as a Chartered Accountant through Deloitte, before progressing into executive roles at Life Healthcare in South Africa and Ramsay's Joondalup Health Campus in Perth. Sean is also a Graduate of the Australian Institute of Company Directors.

Australian Leader in Robotic Surgery



TEN YEARS AGO THE WESLEY HOSPITAL STARTED OUR ROBOTICS PROGRAM, WITH ONE ROBOT AND AN AMBITION TO BE AN AUSTRALIAN LEADER IN THIS SPACE.

A decade on, with a commitment to improving patient outcomes and a focus on innovation, we have positively impacted the lives of thousands of patients through our robotics program.

We are an Australian leader in robotic surgery, hosting the largest robotic program in the country. Our highly skilled surgeons have performed over 6,550* robotic cases since 2010 across urology, general surgery, gynaecology, gynae-oncology and colorectal surgery, and most recently the addition of the Mako robot used for orthopedic surgery

As the first hospital in Australia to have two Da Vinci surgical robotic systems, we are also proud to be accredited as Australia's first Centre of Excellence in Robotic Surgery (COERS) by international accrediting body Surgical Review Corporation (SRC).

As a Centre of Excellence, we have been recognised for delivering high-quality care, processes and patient journey outcomes – from diagnosis right through to post-operative care.

**as of July 2020*

The Wesley specialists leading the way in robotic surgery

UROLOGY
Dr Geoff Coughlin
Dr Troy Gianduzzo
Dr Boon Kua
Dr John Yaxley
Dr Peter Campbell
Dr Rachel Esler
Dr Joesph Shoeman

UPPER GASTRO-INTENSTINAL
Dr David Cavallucci
Dr Ian Martin

COLORECTAL
Dr Carina Chow *Low anterior resection, Rectopexy*

GYNAECOLOGY
Dr Jim Nicklin *Hysterectomy for cancer (QLD first)*
Dr Andrea Garrett

ORTHOPAEDIC
Dr Rohan Brunello
Dr Richard Hanly
Dr Martin Lowe
Dr Paul Pincus
Dr Mark Richardson
Dr John Roe
Dr Bjorn Smith
Dr Scott Sommerville

Celebrating 10 years of Wesley Robotics

This year marks the 10th anniversary of the da Vinci robotics program at The Wesley Hospital. In August 2009, the Wesley acquired the da Vinci Si robotic system, which commenced operation in January 2010 with robotic radical prostatectomy.

Since that time The Wesley's robotics program has grown to become the highest volume program in Australia and New Zealand. In addition, The Wesley Hospital Urology Craft Group has been internationally recognised for its innovation and clinical and academic excellence. The strength of The Wesley has always been its culture and dedication to patient-centred service and innovation. In particular, strong interdisciplinary collaboration with our radiology and radiation and medical oncology colleagues has allowed The Wesley to establish a truly world-class urology unit. This strong growth and innovative culture, has been made possible by visionary leadership by the Wesley Hospital and UnitingCare.

Around 6550 robotic procedures have now been performed since the program's inception. At its peak, the robotics program averaged less than 1,000 cases per year. Despite the expansion of robotic services throughout Australia, The Wesley Hospital remains the highest volume program in the country averaging 750 cases per year. This includes around 650 urological, 35 gynaecological, and 65 general surgical procedures annually. The overwhelming majority of these procedures are radical prostatectomies with 5422 cases performed as at 30 June 2020 at an average of 550 cases per year. The full range of robotic urological procedures is performed at The Wesley, including robotic radical prostatectomy, robotic enucleation for benign prostatic hyperplasia, robotic cystectomy, and robotic upper tract surgery including nephrectomy, partial nephrectomy

and pyeloplasty. In 2014, The Wesley Hospital became the first hospital in Australia to acquire two da Vinci robotic units when it obtained its first da Vinci Xi unit in addition to its then current Si unit, which has since been upgraded to a second Xi unit.

In November 2017, The Wesley Hospital was 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 facilitates worldwide to advance surgical safety and efficacy.

The rigorous accreditation process assesses both surgeon experience as well as hospital infrastructure, procedures, processes, and the organisation's commitment to excellence. At a minimum, the SRC requires that at least 100 robotic procedures per year be performed at the institution under review and that surgeons must perform a minimum of 30 robotic procedures per year.

The Wesley met these criteria given the high volume of procedures performed each year by our program surgeons. The SRC accreditation is an important point of differentiation for The Wesley. Any hospital with enough capital can purchase a robot, allowing many surgeons to gain access to this technology. However, The Wesley Hospital has the institutional expertise and the robotic surgical experience in its accredited surgeons to deliver an internationally recognised world class service.

WORLDWIDE RECOGNITION

In 2019, the Wesley, along with four other hospitals from around the world, was recognised for its pioneering work in urology at the Annual European Association of Urology Congress held in Barcelona, Spain. The EAU Annual Congress is one of the premier international urological scientific meetings and is attended by around 15,000 delegates.

The Wesley was the only Australian hospital to be represented at this meeting and was showcased on EAU TV in a continuous video loop to all delegates. The success of our robotics program was centre stage along with our achievements in developing prostate MRI, prostate brachytherapy, Retzius-sparing radical prostatectomy, NanoKnife irreversible electroporation focal therapy for prostate cancer, prostatic arterial angioembolisation for the treatment of benign prostatic hyperplasia, Lutetium-177 PSMA treatment for the treatment of metastatic prostate cancer, and Ga68 PSMA scanning used in prostate cancer staging.

Robotics and urological services at The Wesley Hospital have grown exponentially in the last ten years and we are fortunate to have a close-knit group of world-class surgeons, radiologists, and radiation and medical oncologists. What defines this service is our commitment to clinical excellence, innovation and patient-centred care. These first ten years of robotic surgery are just the beginning of our commitment to continue to deliver cutting-edge, world-class patient care for the benefit of patients and their families.

A/Prof Troy Gianduzzo
Robotic Urological Surgeon
Urology Craft Group Chair
Robotic Advisory Committee Co-Chair
Medical Advisory Committee Chair
National Secretary Australia and New Zealand Association of Urological Surgeons

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NURSE PROFILE

Rachel Oxford

2020 YEAR OF THE Nurse & Midwife

DEDICATED PROSTATE CANCER SUPPORT NURSE

Hot on the heels of establishing the robotics program, The Wesley Hospital created the first dedicated Prostate Cancer Support Nurse (PCSN) role in Queensland in June 2011. Since then, PCSN Rachel Oxford has seen over 5400 men undergoing treatment for prostate cancer.

Rachel has said that a major driver of her role is empowering patients.

"For many men, a prostate cancer diagnosis may be their first significant health event. With the vast majority of men being asymptomatic, undergoing an operation with potential morbidity can be daunting."

"Having the PCSN to walk alongside them, setting expectations and providing advice on everything from analgesia, bowel management and activity to continence aids, continence and penile rehabilitation allows men to take charge of their care in a safe and informed manner."

Rachel is in contact with her patient and their family prior to admission, during the surgical admission and at catheter removal for formal and ad hoc education and support. Helping to coordinate the admission process and provide clarity from the first point of contact has anecdotally proven to be one of the most valued aspects of the relationship. During the treatment and recovery journey, Rachel is the first port of call for patients who have questions, clinical concerns or emotional support needs. Working closely with the Urologists, clinical concerns are triaged and escalated quickly as needed.

While the majority of prostate cancer patients undergo Robotic Assisted Laparoscopic Radical Prostatectomy, Rachel also sees men having High and Low Dose Brachytherapy, open prostatectomy and NanoKnife as well as other treatments and investigation.

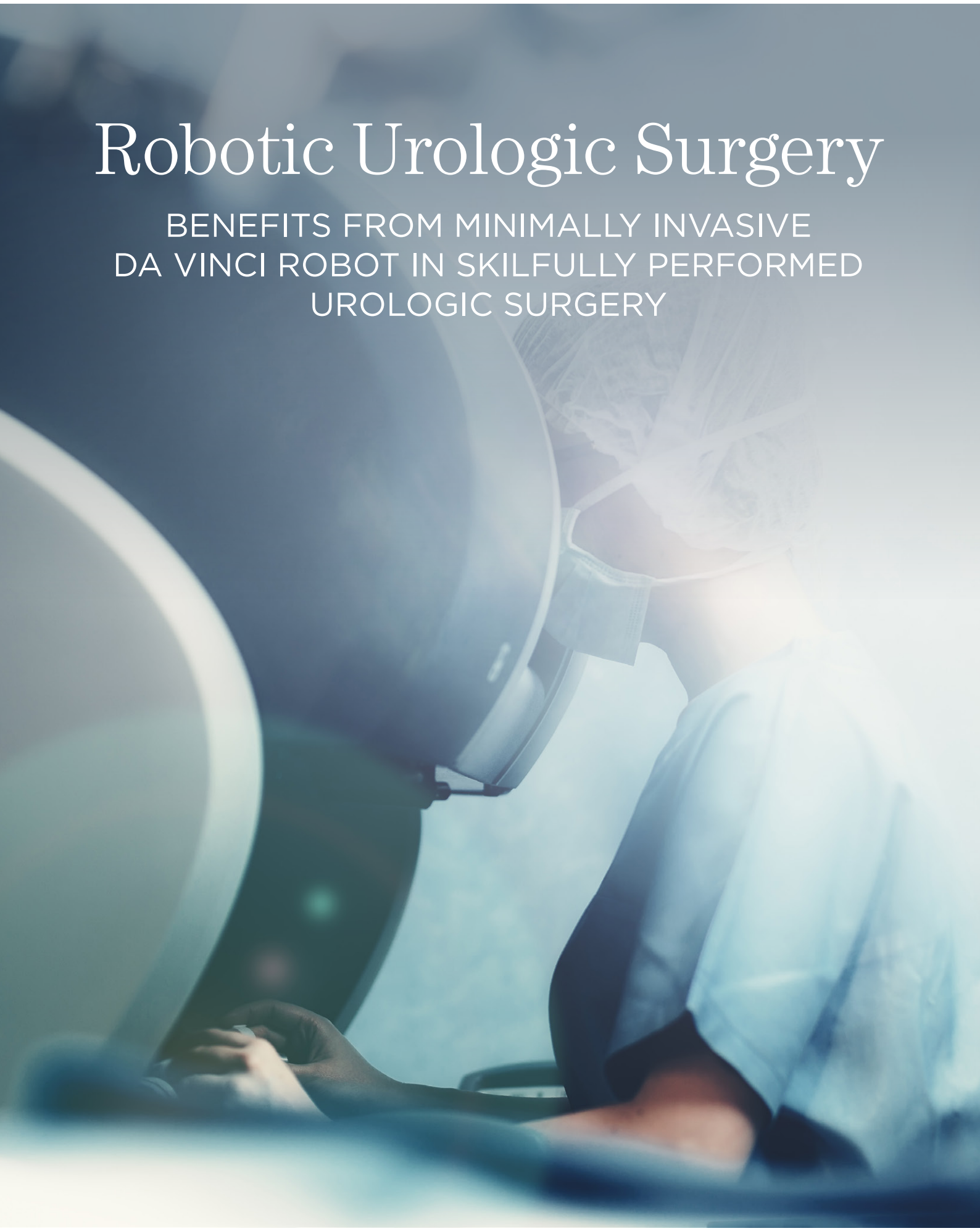
The physical and psychological impacts of prostate cancer are well documented, and the PCSN has an extensive network of continence physiotherapists as well as Psychologists and Men's Health GPs. Normalising the emotional impact of diagnosis and treatment, and referring patients appropriately enables men to include their mental health as part of their ongoing recovery and hopefully avoid depression and anxiety.

Wesley surgeons accept referrals for patients in Australia and the Asia-Pacific region.


The Wesley
HOSPITAL
Celebrating 10 years of excellence in robotic surgery
Helping you get back to life's precious moments
SRC
CENTER
OF
EXCELLENCE
ROBOTIC SURGERY
EXCELLENCE IN SAFETY, EFFICACY & EFFICIENCY
wesley.com.au/robotics

Robotic Urologic Surgery

BENEFITS FROM MINIMALLY INVASIVE DA VINCI ROBOT IN SKILFULLY PERFORMED UROLOGIC SURGERY



Minimally invasive da Vinci robotic surgery started at The Wesley Hospital in 2010 with robotic prostatectomy.

Since then, The Wesley Hospital has grown into one of the largest robotic surgical centres in Australia. Along with the growth in robotic surgery, robotic urologic surgery has also expanded. The da Vinci robot has also evolved from the initial model Si in 2010 to the current model Xi in 2020.

Currently, the da Vinci robot at The Wesley Hospital is being used for upper and lower urinary tract urologic surgeries. Urology remains the dominant specialty in the use of the da Vinci robot at The Wesley Hospital.

Upper urinary tract surgeries include robotic partial nephrectomy for small renal tumours, robotic total/radical nephrectomy for large renal tumours not suitable for partial nephrectomy, robotic adrenalectomy, robotic pyeloplasty for pelvi-ureteric junction obstruction, robotic ureteric resections for stricture or tumours with complex reconstructions and robotic retroperitoneal lymph node excisions.

Lower urinary tract surgeries that are being performed using the da Vinci robot at The Wesley Hospital include robotic partial or total cystectomy, robotic pelvic anterior exenteration with complex neobladder reconstruction or ileal conduit, robotic radical prostatectomy for prostate cancer, robotic enucleation (simple) prostatectomy for severe BPH, robotic pelvic lymph node dissection/excision and robotic excision of abnormal growth or tumours in male pelvic accessory organs such as seminal vesicles.

There is still a misconception that patients who have had laparoscopic unilateral or bilateral mesh inguinal hernia repairs are not suitable for da Vinci robotic radical prostatectomy. This is not the case as many successful robotic pelvic surgeries including radical prostatectomies and cystectomies have been successfully performed in patients who have inguinal mesh in situ.

The benefits of minimally invasive da Vinci robot in skilfully performed urologic surgery is well-established in recent literature. There is less post-op pain from the smaller incisions compared to traditional open surgery and therefore less post-op narcotic requirement, quicker recovery and discharge from the hospital and earlier return to work post surgery. There is also less blood loss during surgery with less chance of a blood transfusion and therefore less risks of having complications associated with blood transfusions.

Due to the improved 3D high-definition vision and dexterity of the articulating instruments afforded by the da Vinci robot, surgical dissection and subsequent reconstruction of tissues is also more precise. Some studies have also reported earlier return to urinary continence and potency post radical prostatectomy for prostate cancer although this remains controversial.

Due to the wide scope of urologic surgeries being performed with the da Vinci robot at The Wesley Hospital, it remains the leading minimally invasive robotic urologic centre in Queensland and Australia.

It is designated as a centre of excellence for da Vinci robotic surgery by the internationally acclaimed and independent accreditation organisation, the Surgical Review Corporation (SRC) and it remains the only hospital in Queensland with such accreditation in da Vinci robotic surgery.

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stryker

Altering the Landscape of Orthopaedic Surgery

Written by Dr Richard Hanly

Robotic assisted Orthopaedic surgery at The Wesley Hospital is in its infancy when reflecting on the decade of robotic surgery being celebrated by the hospital. Benchmarked as a "Robotic Centre of Excellence," the addition of Robotic assisted surgery has altered the landscape of Orthopaedic surgery both locally, at The Wesley, and nationally.

Accuracy and reproducibility of outcome has driven the evolution of contemporary joint replacement surgery. With the advent of Computer Assisted Surgery (CAS), surgeons have been able to input anatomical data during joint replacement surgery with real-time feedback of range of movement and joint laxity resulting in more accurate restoration of a theoretically ideal limb alignment. Robotic assisted Orthopaedic surgery has been developed over the last 3 decades and in its current iteration represents the zenith of implant placement accuracy.

Surgeons have the ability to plan prosthesis position, size, alignment, and margin of bone resection prior to entering the operating theatre based on a 3D patient-specific model created pre-operatively. This template is then manipulated in real time during the surgery based on input of anatomical landmarks and joint kinematics. This affords the surgeon the ability to provide a truly individualised solution to joint replacement surgery.

The benefits of robotic assisted orthopaedic surgery are most evident in its use in unicompartmental knee replacement. There have been 3,068 robotically assisted unicompartmental knee replacement procedures recorded by the Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) since introduction of the technology into Australia in 2015.

In 2018, 31.8 per cent of unicompartmental knees used robotic assistance. Unicompartmental knee procedures using robotic assistance have a lower rate of revision compared to unicompartmental procedures without robotic assistance. The increased accuracy manifests as decreased revision for prosthetic loosening, progression of arthritic disease, and peri-prosthetic fracture.

Dr Paul Pincus, Dr Scott Sommerville, Dr Rohan Brunello and Dr Richard Hanly with the Mako Robot

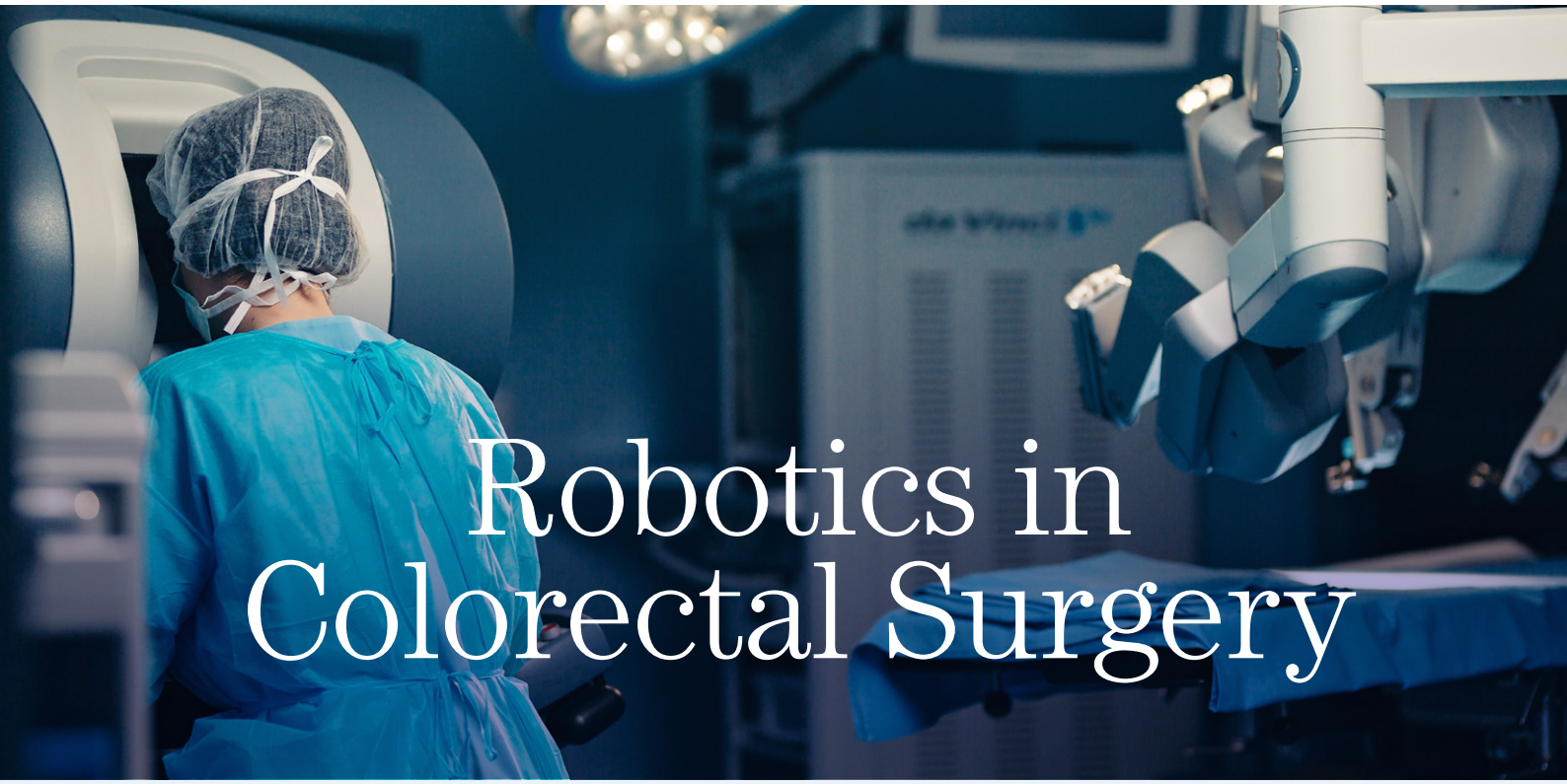
The Wesley Orthopaedic and Sports Injury Clinic (WOSIC) surgeons are members of the foundation group utilising this robotic technology at The Wesley Hospital. Since installation in August 2018, there have been 395 cases performed at the Wesley Hospital using the Mako Robot with steadily increasing utilisation. It has become an invaluable teaching tool used by our team when mentoring Orthopaedic Registrars on clinical placement at The Prince Charles Hospital.

The technology has also broadened the horizon for Orthopaedic research with current work from the WOSIC group focussing on a computational model for comparison of individualised prosthesis alignment and its effect on joint kinematics.

Ultimately our patients take primacy in any medical field. In Orthopaedic surgery there has been a significant paradigm shift in this regard, with a strong focus on patient reported outcome measures (PROMs). Locally this is reflected by the implementation of the AOANJRR PROMS Pilot Study. The WOSIC group have a strong focus on Enhanced Rehabilitation After Surgery (ERAS) protocols and have implemented a comprehensive multidisciplinary pre-operative rehabilitation pathway.

The most compelling data, and likely greatest utility of Robotic Assisted Orthopaedic Surgery is in the ability to link highly accurate objective operative data to PROMs to continue to improve our patients' surgical journey and continue to provide excellence in care and outcomes.

Wesley Orthopaedic and Sports Injury Clinic
Lower Limb Arthroplasty, Sports, and Trauma Specialists
Dr Richard Hanly
Dr John Roe
Dr Rohan Brunello
Dr Paul Pincus



Robotics in Colorectal Surgery

The benefits of minimally invasive techniques in colorectal surgery are well established but standard laparoscopy still has limitations especially in the confines of the difficult, narrow pelvis in our increasingly obese Queensland population.

Recently, there have been a number of large, randomised controlled trials worldwide including the Australasian Laparoscopic Cancer of the Rectum Trial (ALaCaRT) which have been investigating laparoscopic rectal cancer surgery compared to open surgery. The studies were unable to establish non-inferiority of laparoscopic surgery in this setting.

Robotic colorectal surgery using the da Vinci platform first appeared in the literature in 2002 and the first case was done in Brisbane in 2009. Technology advances, education and accessibility has improved since this time and the past five years has seen an increased uptake of robotic surgery for colorectal procedures particularly for rectal/pelvic surgery. The Wesley Hospital was one of the earliest starters and has been offering robotic colorectal surgery since 2013.

The robotic platform in minimally invasive colorectal surgery offers additional dexterity, fine, accurate movements, strength, stability and 3D vision compared with standard laparoscopic surgery. These features help to ameliorate some of the limitations of standard laparoscopic surgery but thus far, this has been at the expense of longer operating times and increased costs.

There are definite advantages for operations like ventral rectopexy and rectal resections in the difficult, male pelvis which are classically difficult operations with standard laparoscopy.

The literature initially reported equivalent surgical and oncological outcomes but longer operating times, even when comparing surgeons on their learning curve of robotics to experienced standard laparoscopic surgeons. More recent literature is showing equivalent and in the case of ventral rectopexy, improved operating times as well as lower conversions especially in the obese, male population, reduced post operative pain, shorter hospital stays and less complications.

A number of studies in ventral rectopexy, which is generally performed for functional reasons, are also now showing improved functional outcomes from robotic compared to laparoscopic ventral rectopexy.

It has been a very interesting time seeing and being part of the development and application of new technologies to colorectal surgery. The literature is starting to reflect the advantages the robotic platform can offer, and I suspect there will continue to be further advancements as experience grows and technology continues to improve.

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Refinement in Technique with Robotic Approach in Hernia Surgery

Having performed many thousands of laparoscopic hernia repairs over the 20 years, I was initially a sceptic regarding any further benefits a robotic approach might achieve.

Co-incidentally since the introduction of robotic surgery, the techniques of ventral hernia repair have evolved - these refinements in technique with a robotic approach have converged to provide a better product of hernia repair.

The modern technique adopts the principles of

1. accurate primary closure of ventral hernial defects with running sutures;
2. placing uncovered mesh outside of the peritoneal cavity;
3. Complete closure of diastasis at the time of large ventral hernia repairs.

The robot helps facilitate these refinements in technique.

Technique for Ventral Herniae up to 5 cm in size

1. an extraperitoneal dissection is performed (as we do for inguinal herniae)
2. This requires

a. taking down the peritoneum on the "roof" of the abdomen, then

b. suturing closed the defect and

c. placing a mesh immediately under the linea before replacing the peritoneum with a running suture.

This technique is considerably easier and more precise using the robot because the instruments have a movable "wrist" allowing more accurate suturing of the anterior abdominal wall. Advantages over the laparoscopic repair are less pain, as the mesh does not have to be fixed with tacks as it is sandwiched between the muscle/ peritoneum layer and therefore unlikely to move. The extraperitoneal placed mesh is not exposed to bowel and omentum and is therefore potentially less adhesiogenic.

Technique for Very Large or Complex Abdominal Wall Herniae

4. The traditional open Rives Stoppa technique can now be performed through three 3 port sites robotically and allows us to place a very large mesh in between the abdominal wall musculature (behind the rectus muscle) and we often need to extend this space by dividing the transversus abdominus muscles - TARS or Transversus Abdominis Muscle Release.
5. This exposes and releases the entire linea alba requiring accurate robotic suture closure of the midline from pubis to epigastrium
6. A very large accurately measured mesh fills the entire retrorectus space such that no fixation of the mesh is required. A drain is placed into this space and many patients are comfortable to go home the following day.

This Robotic TARS technique affords a technically excellent repair and leads to far less pain and risk of mesh infection when compared to the open repairs we have used traditionally. The Wesley Hospital has been very receptive to robotic surgery and allowed robotic world leaders from overseas to attend the operating theatre over the past few years. They have provided excellent tips and tricks and have trained several other surgeons at The Wesley Hospital since that time. There has been a significant benefit to ventral hernia patients undergoing robotic repair and I plan on continuing this in the future.

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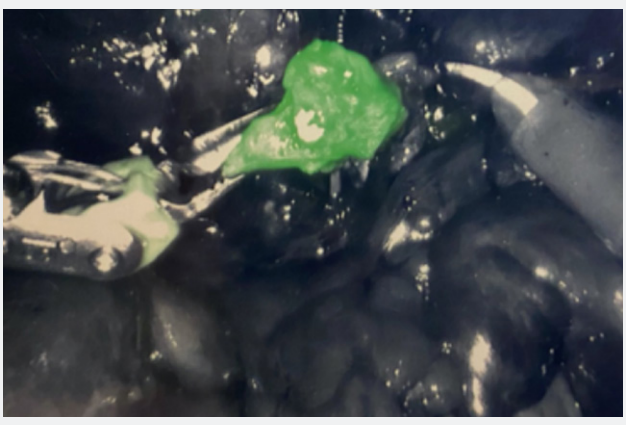
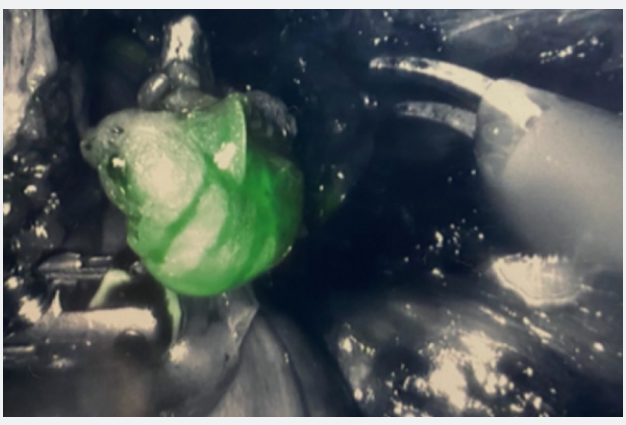
Revolutionising Gynaecological Surgery

Minimally invasive surgery has revolutionised gynaecological surgery since the 1980s. The incorporation of a robotic surgery into gynaecological practice has been a sophisticated advancement of conventional laparoscopy.

The particular advantages of robotic surgery include superior visualization with a three-dimensional image, intuitive movement of and fully wristed instruments that replicate the full movement of the human hand and wrist, stabilization of instruments in the surgical field with damping of tremor, improved ergonomics for the surgeon and the potential for telementoring and telepresence (operating from afar from the patient). While essentially all conventional laparoscopic gynaecological surgery can be performed robotically, there are several areas where robotic surgery confers a significant clinical advantage for the patient.

Perhaps the area of gynaecological surgery where the biggest benefits have been demonstrated is with hysterectomy, both for benign disease and for endometrial cancer. In a meta-analysis comparing robotic surgery with conventional laparoscopy, Scandola and colleagues concluded that robotic surgery was associated with shorter length of hospital stay (-0.43, 95%CI -0.68 to -0.17), fewer postoperative complications (-0.69, 95%CI 0.43-1.09) and fewer conversions to laparotomy (0.50, 95%CI 0.31 – 0.79), but no differences in blood loss or operative time.[1] Most patients are able to go home on the first post-operative day following robotic surgery and pain scores are typically lower. The benefits of robotic surgery are more pronounced in obese patients.[2] Unfortunately, obesity which is a proven risk factor for endometrial cancer, is seen in an increasing





Perhaps the area of gynaecological surgery where the biggest benefits have been demonstrated is with hysterectomy, both for benign disease and for endometrial cancer.

percentage of our patients. The ergonomics of surgery are superior when using a robotic platform compared with both conventional laparoscopy or laparotomy.[3]

In the management of endometrial cancer, there has been a swing away from full pelvic and para-aortic lymphadenectomy as part of routine staging. Evidence would suggest that excision of, and histological ultra-staging of sentinel lymph nodes (SLN) provides comparable staging data, but with less post-operative morbidity and significantly less overall morbidity when adjuvant radiotherapy is required. The robotic platform has an ideal facility called "Firefly" to identify SLNs with indocyanine green (ICG). The technique involves injection of ICG into the cervix, which is taken up into the lymphatics and deposited in the sentinel and later in second echelon lymph nodes. By exposing the operative field to near infra-red (NIR) light in a darkened background, the ICG molecules are excited to produce a vivid fluorescent green colour, thus identifying the sentinel lymph nodes, which can be surgically removed. Below left are two operative photographs, taken at the time of robotic surgery demonstrating resected fluorescent sentinel lymph nodes. An example of robotic hysterectomy can be seen at the following web site: https://www.youtube.com/watch?v=jY6HEVm9cWo

Throughout Australia there has been an exponential increase in gynaecological procedures Australia since 2007 (see Figure 1).With regard to robotic surgery at The Wesley Hospital, our gynaecological surgeons have performed more than 300 gynaecologic procedures since the first robotic hysterectomy was performed for endometrial cancer in December 2013. As part of the ongoing commitment to clinical research, the Wesley Hospital will be one of the primary sites of a large, international, multi-centre randomised trial of the place of sentinel lymph nodes in endometrial cancer called the ENDO 3 study. Robotic gynaecological surgery is likely to increase in years to come, particularly as the robotic platform becomes smaller, more inexpensive and even more user friendly.

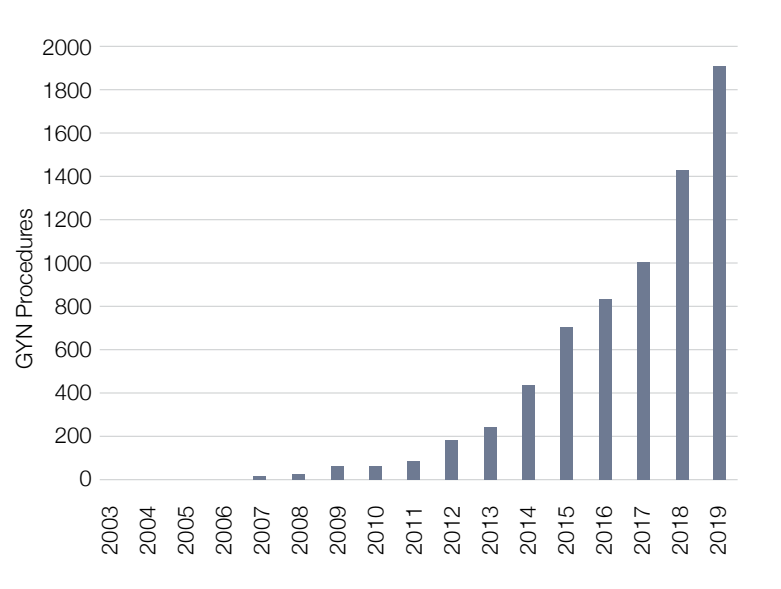


Figure 1. Robotic Gynaecological Operations in Australia by year.

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2. Lim PC, Crane JT, English EL Farnam RW, Garza DM, Winter ML, Rozeboom JL. Multicenter analysis comparing robotic, open, laparoscopic, and vaginal hysterectomies performed by high-volume surgeons for benign indications. *Int J Gynaecol Obstet* 2016 Jun;133(3):359-64
3. Ring, KL, Ohu I, Cavallo JA, Cho S, Awad MM. Ergonomic analysis of robot-assisted and traditional laparoscopic procedures. *Surg Endosc.* 2014;28:3379-84.

New Visiting Medical Practitioners

Dr Adam Parr
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Dr Adam Parr is a Queensland based Orthopaedic Surgeon with a special interest in spinal surgery for both adults and children. Dr Parr completed his advanced orthopaedic training in Brisbane and North Queensland.

Dr Parr has an Australian Orthopaedic Association accredited spinal fellowship, which he obtained under the guidance of Dr Geoff Askin. The 12 month fellowship focused on complex deformity in children and adults treating a range of conditions such as scoliosis, degenerative disease, disc pathology, trauma and tumours.

Dr Parr holds public positions as a spine surgeon at Princess Alexandra and Queensland Childrens' Hospital.

Dr Parr is actively involved in spinal research through the Biomechanics and Spine Research Group in Brisbane. He has published a number of peer reviewed journals.

He is a senior lecturer at The University of Queensland, certified independent medical examiner and Australian Army reservist.

For advice or to discuss individual patient care Dr Parr welcomes enquires on his mobile phone.

Special Interests

- Spinal Surgery
- Adult and Paediatric spinal deformity
- Scoliosis, spondylolisthesis, kyphosis
- Degenerative disease
- Disc pathology
- Trauma
- Tumours
- Medicolegal
- Military medicine

Dr Marjan (Jane) Ghadiri
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Dr Marjan (Jane) Ghadiri is a General, Upper GI and Bariatric Surgeon practicing at The Wesley Hospital, St Andrew's Private Hospital in Ipswich, as well as Brisbane Private Hospital.

Originally a University of Queensland medical graduate in 1997, she completed her General Surgical training at the Alfred Hospital in Melbourne in 2010. Her post-fellowship training in Upper Gastro-intestinal and Obesity surgery at Monash Medical Centre paved the way for her ongoing clinical interest in this area. She has been an active and valued member of staff at Monash Health and Epworth Health until her recent relocation.

Jane balances being a mother of two with a busy clinical practice and a love of teaching. She is an adjunct lecturer at Monash University and an active member of faculty on a number of RACS (Royal Australasian College of Surgeons) courses. She is also a keen endoscopist and performs both upper and lower GI endoscopy as well as interventional endoscopy.

Whilst Jane's Brisbane practice is in its infancy, she hopes to establish a practice that includes all her areas of expertise including general surgery, specialised oesophago-gastric surgery both benign and malignant, as well as weight loss surgery and upper and lower GI endoscopy.
She is consulting at Cameron House, St Andrew's Hospital Ipswich and at Brisbane Private Hospital in Spring Hill.

Dr Adam Pearce
Urology

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Located on The Wesley Hospital Campus Dr Adam Pearce is an Australian trained Urological Surgeon operating at The Wesley Hospital, Brisbane. He is available to consult on a broad range of adult urological conditions at Wesley Urology Clinic, including urological cancers, kidney stones, and diseases of the prostate.

Dr Pearce was admitted to FRACS as a Urologist in 2017, after completing training in Queensland and New South Wales. Subsequently, Dr Pearce was awarded an Australasian Urological Foundation grant to undertake subspecialty training as a Senior Fellow in London; firstly at the Renal Surgery and Transplant Unit at the Royal Free Hospital, and later at the Urology Unit at the world-renowned Royal Marsden Hospital. RMH is a Centre of Excellence in cancer care and world-leader for pioneering research and novel technologies. It is also the UK's largest centre for major retro-peritoneal surgery for advanced kidney and testicular cancers and embraces the use of minimally invasive surgery and Enhanced Recovery After Surgery.

On return to Brisbane, Dr Pearce took up a Staff Specialist position at the Royal Brisbane and Women's Hospital where he was appointed Acting Director of Urology in January 2020. In addition to his clinical and leadership responsibilities, he supervises registrars on the Surgical Education and Training program as well as junior doctors. He is also a University of Queensland lecturer.

Dr Pearce has Specialist Registration with AHPRA, is a Fellow of the Royal Australasian College of Surgeons (Urol) and a member of the Urological Society of Australia and New Zealand.

Dr Adam Pearce is a talented surgeon whose genuine care for his patients guides his approach to medicine.

Dr Claire Muller
Neurologist and Stroke Specialist

Neurology Westside
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Dr Claire Muller is a Neurologist and Stroke Specialist primarily based at the Royal Brisbane and Women's Hospital (RBWH). She has a longstanding interest in Neuroscience and prior to completing her medical degree, at the University of Queensland (UQ) she completed an undergraduate dual degree (BSc, BA) majoring in Neuroscience, Biomedical Science, Cognitive Science, and French also at UQ.

Dr Muller undertook most of her physician training at the Royal Brisbane and Women's Hospital (RBWH), followed by a Stroke Research Fellowship at Melbourne's Eastern Health. Through her specialist role at the RBWH she has experience in the care of a broad range of neurological diseases including headache, multiple sclerosis, peripheral neuropathy, inflammatory disorders and epilepsy. She is a member of the Stroke Foundation Clinical Council as a representative of the Stroke Society of Australasia (SSA) and has been elected to the SSA committee twice over the last 2 years. She has multiple teaching roles through her work at the RBWH and her affiliation with UQ. She enjoys providing education in Neurology and Stroke Medicine to people of all backgrounds to increase the broader awareness of stroke as a medical emergency for which there are now significant improvements in acute therapy and secondary prevention. She has a strong interest in cerebral amyloid angiopathy (CAA) and hopes to one day undertake a research higher degree on the topic.

Dr Albert Jung
Gynaecology

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Dr Albert Jung is a compassionate, competent and caring gynaecologist. His area of speciality is in advanced laparoscopic gynaecological surgery having completed the AGES Laparoscopic Fellowship.

Albert grew up in Toronto, Canada before moving to Brisbane for his medical studies. After graduating from the University of Queensland, he completed his specialist training while working at three major tertiary level hospitals (Gold Coast University Hospital, Mater Mothers' Hospital, Royal Brisbane and Women's Hospital). He chose to further advance his laparoscopic surgical skills by undertaking the two-year AGES Laparoscopic Fellowship with Dr Tal Jacobson, Dr Michael Wynn-Williams and A/ Prof Anusch Yazdani.

Albert's interests lie in treatment and management of endometriosis, abnormal uterine bleeding, pelvic pain, uterine fibroids, ovarian cysts and infertility. He has completed his Masters in Reproductive Medicine through UNSW. He manages complex pelvic pain with medical and surgical techniques including pelvic floor botox and in conjunction with a multi-disciplinary team. Albert has public appointments at Mater Springfield and QEII Jubilee Hospitals. He is a reviewer for the Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG), serves as a Senior Lecturer and mentor for the University of Queensland Medical School.

He is passionate about teaching junior medical staff and in particular is involved in workshops aimed to improve surgical skills and pelvic anatomy.

Dr Saad Khan
Gastroenterology

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Dr Saad Khan is a consultant gastroenterologist with the Wesley Gastroenterology and Liver Group, subspecialising in interventional endoscopy.

After graduating from the University of Melbourne in 2010, Dr Khan completed basic physician training at the Austin Hospital in Melbourne, followed by advanced specialty training in gastroenterology and hepatology at the Austin Hospital, Peninsula Health and Victorian Liver Transplant Unit.

Dr Khan has subsequently completed two years of dedicated interventional endoscopy training in Australia, at the Royal Brisbane & Women's Hospital and Austin Hospital, as well as a third fellowship at the world renowned St Michael's Hospital Therapeutic Endoscopy Centre in Toronto, Canada.

Dr Khan returned to Brisbane in 2020, where he consults at the Sandford Jackson Building, with endoscopy sessions at the Wesley Hospital Endoscopy Unit. He also has a public appointment at the Royal Brisbane and Women's Hospital.

Dr Khan has a special interest in advanced therapeutic endoscopy including ERCP, endoscopic ultrasound, per-oral endoscopic myotomy (POEM), Zenker's diverticulum myotomy, resection of large polyps, pre-malignant gastrointestinal neoplasia and early-stage cancers, surveillance and treatment of Barrett's oesophagus as well as palliation for late-stage cancer.

Dr Khan is a member of the Gastroenterology Society of Australia, Gastroenterology Society of Queensland and the American Society of Gastrointestinal Endoscopy.

Dr Phillipa Sharwood
Ophthalmology

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Dr Sharwood completed her Bachelor of Optometry, Bachelor of Medicine/Bachelor of Surgery and Master of Medicine in Sydney before joining the Royal Australian and New Zealand College of Ophthalmologists specialist training program at Sydney Eye Hospital.

On finishing her general ophthalmology training she moved to the UK to undertake 2 years of highly specialised medical and surgical training in children's eye disease, complex strabismus, paediatric cataract and genetic eye disease at the Cambridge University Hospitals and Great Ormond Street Hospital for Children in London.

Dr Sharwood has special interests in cataract surgery in both adults and children, strabismus surgery in adults and children and genetic eye disease.

Dr Sharwood also consults and operates at the Queensland Children's Hospital. In addition to her clinical work she enjoys teaching of medical students and registrars. She is an examiner in Ophthalmic Sciences for the Royal Australian and New Zealand College of Ophthalmologists, and a Senior Lecturer at the University of Queensland.

Dr Caroline Tallis
Endoscopy
Gastroenterology
Hepatobiliary Surgery

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Dr Caroline Tallis is a consultant Hepatologist with the Wesley Gastroenterology and Liver Group. She is a staff specialist at The Princess Alexandra Hospital where she has a strong interest in Hepatology and Liver Transplantation, being a senior member of the Queensland Liver Transplant Service.

Dr Tallis graduated from Medical School at the University of Sydney with an Honors degree. She undertook physician training at the Royal Brisbane and Women's Hospital (RBWH) and completed her Gastroenterology specialist training in Queensland. This was followed by a position as the Clinical Hepatology and Liver Transplant Fellow at The Princess Alexandra Hospital where she developed an interest in Liver Transplantation. The following year she travelled to the UK where she held the position of Clinical Research Fellow at the Institute of Liver Studies at Kings College Hospital, London, United Kingdom.

Dr Tallis is committed to the advocacy, education and training of Gastroenterology and Hepatology. She has been on the Executive Council of the Australian Liver Association (GESA) since 2014. She has also held the position of President of the Gastroenterology Society of Queensland (GESQ). She is a regular speaker in national and local educational programs. She has recently been involved in the development of the Australian Hepatitis C management guidelines, the Australian Hepatocellular Carcinoma management guidelines and is currently reviewing Therapeutic Guidelines (eTG).

Dr Tallis has a strong clinical interest in Hepatology including viral hepatitis, non-alcoholic fatty liver disease, cirrhosis and hepatocellular carcinoma. Dr Tallis consults in the Sandford Jackson Building. She also practices high quality diagnostic endoscopy and colonoscopy.

Professor Leonie Callaway
General Medicine
Obstetrics

Wesley Medical Centre
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Located on The Wesley Hospital Campus Professor Leonie Callaway is a General and Obstetric Physician.

She has internationally regarded expertise in the areas of diabetes, hypertension and metabolism before, during and after pregnancy. She is the lead author on the national guidelines for the management of type 1 and type 2 diabetes in pregnancy currently under development. She is an author on the current national guidelines for the diagnosis of gestational diabetes.

She was President, and then Chair of the Board of the Australasian Diabetes in Pregnancy Society. She was the lead clinician for the State-wide Clinical Guidelines on obesity in pregnancy, and has contributed to guidelines about hypertension in pregnancy and prevention and treatment of clotting disorders in pregnancy.

She has extensive experience in providing complex preconception care, and provides expert clinical management of the most high risk pregnancies.

Professor Callaway has recently been elected as Co-Chair of the Queensland Maternal and Perinatal Quality Council, recognizing her commitment to outstanding clinical care.

She has a particular clinical interest in trauma informed care, and the role of trauma in the development of physical symptoms and struggles with weight. Many of her national and international clinical invited lectures have delved into this intersection between emotional wellbeing, major life events, adverse childhood experiences, lifestyle factors and illness.

Professor Callaway graduated with first class honours from the University of Queensland in 1995. She completed her specialist training in general and obstetric medicine, with her Fellowship of the Royal Australasian College of Physicians awarded in 2003. Her PhD regarding obesity, diabetes, preeclampsia and hypertension in pregnancy was completed in 2007.

She has current roles as a General and Obstetric Physician at the Royal Brisbane and Women's Hospital RBWH) and Director of Research in Women's and Newborn Services at RBWH.

Professor Callaway is regarded as a highly skilled, compassionate and caring clinician.

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