MARCH 2016

The Wesley HOSPITAL
Caring for you for life

Medilink

Medical Professionals direct link
to programs and services at the Wesley

Neuroscience

Articles in this issue:

The neurosciences team

L to R: Neurosurgeons Professor David Walker, Dr Michael Bryant and Dr Frank Tomlinson; Neurologist Dr Robert Henderson; CNM Dianne Fichera; Neurosurgeon Dr Richard Kahler; Neurologist Dr Noel Saines; and Neurosurgeon Dr Terry Coyne.

Welcome

Dr Luis Prado

MBBS Grad Dip Sp Med FRACGP FRACMA FACHE FCHSM FAAQHC FACMQ FISQua

Director of Medical Services

Welcome to 2016's first edition of Medilink, your GP communication from The Wesley Hospital. This issue our focus is on neurosciences.

The Wesley has one of the largest, most experienced and most comprehensive neurology and neuroscience units operating in Queensland. With 30 beds, Ward 2M is designed for a diverse range of neurological diseases and conditions. Under the leadership of senior neurologist Dr Noel Saines, Wesley Neurosciences Centre has been treating patients for more than 30 years, and enjoys a strong relationship with the neurosurgeons from BrizBrain & Spine. We are also particularly proud of our stroke unit, which ensures patients who have suffered an acute stroke are cared for by our highly trained, specialised multidisciplinary team.

This year our patients who require infusions, blood products or one of a range of other treatments for chronic conditions will attend the newly refurbished and relocated Day Treatment Unit. The unit opened in the first week of February on Level 2 of the main hospital building. For those patients requiring multiple visits - some have been coming to the hospital for treatment for many years - this location is more convenient.

For our clinicians and staff, 2016 has already kicked into high gear and we are looking forward to a busy year ahead. Over the past few months we have farewelled one of our longest serving senior anaesthetists, Dr Philip Allen, who has retired to go fishing, and also Senior Physician Dr John Sampson, a familiar face around the hospital, who has finished his inpatient duties at the Wesley but will continue in private practice.

Sadly this year the Queensland medical community lost a highly respected Plastic and Reconstructive Surgeon with the passing of Dr Andrew Jenkins.

In this edition of Medilink you will meet some of the new doctors who have recently joined our extensive team of medical specialists. We welcome them to the Wesley.

The 2016 cohort of medical students attending the UnitingCare Health Clinical School have now settled in. It is pleasing to see the students around the hospital proudly wearing their white medical coats.

Lastly, I encourage you to participate in our excellent GP education program. At the Wesley one of the values pursued is `Leading through Learning' and I strongly believe clinical excellence is greatly assisted by ongoing professional development.

As always I am available to any GP via our GP Referral Advisory Service and can assist in selecting the appropriate specialist in Brisbane for your patient needs. For urgent referrals email gp.wesley@uchealth.com.au, or feel free to contact me at any time.

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

The 2016 UnitingCare Health Clinical School medical students show off their white coats

Anaesthetist Dr Philip Allen on his last clinical day at the Wesley

GP Networking and Education

In 2016 The Wesley Hospital will continue to provide a comprehensive Continuing Professional Development (CPD) program for our general practitioner community, both locally and throughout regional Queensland. Our program will consist of evening CPDs as well as our all day Active Learning Modules (ALMs) on Saturdays. All of our Brisbane events are held in the Evan & Mary Thomson Auditorium at The Wesley Hospital. You can now register online on our website at ***wesley.com.au***, which has a dedicated GP section with resources and events information available.

Our first ALM of the year was 'Cardiac and Heart Health' and more than 100 GPs attended the event. The first CPD evening event of the year, `Paediatric Emergency: When to send to hospital?' was also very successful. We look forward to seeing you at future ALMs and CPD events.

Our very popular series of networking events for general practitioners and specialists will continue in 2016 with our third *Wesley Women in Medicine* event to be held on May 7 at the Golden Pig Food and Wine School. GPs and specialists have the opportunity to meet in person and to put faces to the names. Look out for your invitations.

Our new specialists are also available to meet you in person at your practice so they can introduce themselves to you and have a one-on-one discussion. If you are interested in meeting some of our new visiting medical practitioners please do not hesitate to contact the Business Development Unit on 3232 7222.

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

Wendy Zernike
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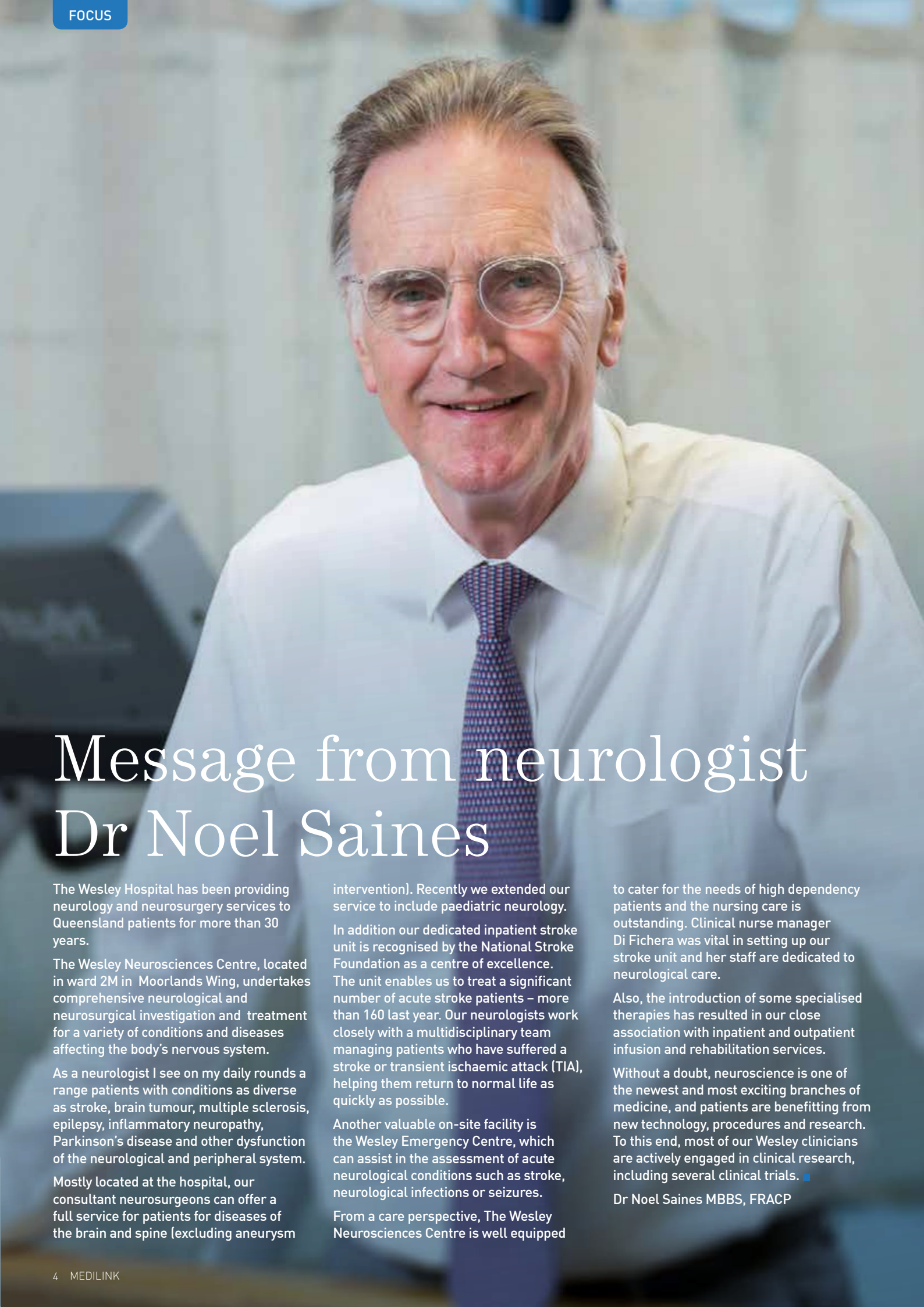
The Wesley Hospital GP Education Program 2016

Most comprehensive CPD program in Queensland

Our program gives GPs access to leading specialists who are experts in their field. Our comprehensive educational events include Saturday ALMs and CPR assessment, and CPD evenings. All events are complimentary, and earn RACGP points.

To view CPD program dates and register go to wesley.com.au/for-doctors/for-gps



Message from neurologist Dr Noel Saines

The Wesley Hospital has been providing neurology and neurosurgery services to Queensland patients for more than 30 years.

The Wesley Neurosciences Centre, located in ward 2M in Moorlands Wing, undertakes comprehensive neurological and neurosurgical investigation and treatment for a variety of conditions and diseases affecting the body's nervous system.

As a neurologist I see on my daily rounds a range patients with conditions as diverse as stroke, brain tumour, multiple sclerosis, epilepsy, inflammatory neuropathy, Parkinson's disease and other dysfunction of the neurological and peripheral system.

Mostly located at the hospital, our consultant neurosurgeons can offer a full service for patients for diseases of the brain and spine (excluding aneurysm intervention). Recently we extended our service to include paediatric neurology.

In addition our dedicated inpatient stroke unit is recognised by the National Stroke Foundation as a centre of excellence. The unit enables us to treat a significant number of acute stroke patients – more than 160 last year. Our neurologists work closely with a multidisciplinary team managing patients who have suffered a stroke or transient ischaemic attack (TIA), helping them return to normal life as quickly as possible.

Another valuable on-site facility is the Wesley Emergency Centre, which can assist in the assessment of acute neurological conditions such as stroke, neurological infections or seizures.

From a care perspective, The Wesley Neurosciences Centre is well equipped to cater for the needs of high dependency patients and the nursing care is outstanding. Clinical nurse manager Di Fichera was vital in setting up our stroke unit and her staff are dedicated to neurological care.

Also, the introduction of some specialised therapies has resulted in our close association with inpatient and outpatient infusion and rehabilitation services.

Without a doubt, neuroscience is one of the newest and most exciting branches of medicine, and patients are benefitting from new technology, procedures and research. To this end, most of our Wesley clinicians are actively engaged in clinical research, including several clinical trials. ■

Dr Noel Saines MBBS, FRACP

"The Wesley Neurosciences Centre is well equipped to cater for the needs of high dependency patients"

Q&A
Dr Noel Saines

When did you join the Wesley's team of specialists?

I have had rooms at the Wesley since 1987 and was the first neurologist to offer services on site at the hospital. Recently I was joined by fellow neurologist Dr Robert Henderson. The first neurosurgeon to spend time here was Dr John Baker, and after he left, Dr Frank Tomlinson came back from overseas and began practicing here. We now work very closely with BrizBrain and Spine surgeons. More recently paediatric neurologist Dr Kate Sinclair has joined us.

Why did you become a neurologist?

It was something that had taken my interest along the way, and it is really an interesting field, although frustrating at times. As things have gone by and the technology has improved, more and more the diseases become quite fascinating and equally treatable. Take multiple sclerosis. When I started there was no treatment other than cortisone for people with MS. There was absolutely nothing to do but help with symptoms and make sure life was a little easier for them. Now we can treat it aggressively with drugs to stop any further attacks and modify its course.

Multiple sclerosis is one of your special areas of interest. How is it managed and treated at the Wesley?

We have a large number of patients with MS who are treated as outpatients. Infusions are part of the regime for certain cases of MS but most are not treated by injections or oral agents. We encourage their involvement in the rehabilitation centre at the Wesley.

How are drug therapies changing the way people with immune diseases are treated?

My research has focused on new drug treatments. MS is a very a treatable condition now, although not curable. Some of the earlier drugs have been out there for over 20 years, and there's lots more now that help slow the progression of the disease. Neuro-immunotherapy is a very active and broad field of investigation - some patients receiving infusions don't have MS but have immune-related neurological conditions of the brain or peripheral nerve or muscle. These potent treatments require close monitoring.

Tell us more about the MS trials you have been involved in.

The results of the study on the use of Daclizumab in MS patients were published in 2015. Seven or eight patients were involved in the Wesley Medical Research (formerly Wesley Research Institute) trial and about 2000 worldwide. It was an interesting trial to be involved in, in the sense that the drug was very successful and will come to market so that's all very satisfying. It is an alternative to other available drugs, however no medicine comes without side effects so it will require close monitoring.

What is the most rewarding part of your job?

Some of the pleasure is in the multidisciplinary approach. People with neurological conditions develop other complications that require help, and this hospital environment means you can support people who are really quite sick. It's good to have other colleagues in other disciplines here because neurology is not always separate, for example a stroke can be related to a cardiac condition that may need surgery. This can all be done on site. So, all the services one might want in order to get a good assessment are available at the Wesley. ■

FAST FACTS

Conditions treated at Wesley

+ Stroke
+ Brain tumours
+ Multiple sclerosis
+ Epilepsy
+ Dementia
+ Infectious diseases
+ Peripheral nerve and muscle disease
+ Parkinson's disease
+ Pain syndromes

"The Wesley Stroke Unit is recognised as a centre of excellence by the National Stroke Foundation"

Acute stroke unit admission favours positive outcomes

The Wesley Stroke Unit is setting the benchmark in acute care

For Acute Stroke Unit clinical nurse manager Di Fichera and her nursing team at the Wesley, every day is a busy one.

Along with our Neurosurgeons and Neurologists, Di and her nursing staff work closely with an expert team managing patients who have suffered a stroke or transient ischaemic attack (TIA), with the aim of assisting the patient to regain their physical function.

"The Wesley Stroke Unit is recognised as a centre of excellence by the National Stroke Foundation (NSF) and is one of only a small number of Queensland hospitals approved to administer the clot-busting thrombolysis drugs to patients who have had an ischaemic stroke caused by a blood clot," Di said.

Di said research has shown the only thing that impacts on the outcome is being treated in an acute stroke unit and treated by an acute stroke team.

The National Stroke Foundation Acute Services Clinical Audit, which provides a snapshot of acute stroke care in Australia, has shown that patients who do not get access to a hospital with a stroke unit are far less likely to receive an appropriate level of care and treatment,

Signs of stroke

F.A.S.T.

Face

Has their mouth drooped?

Arm

Can they lift both arms?

Speech

Is their speech slurred?

Do they understand you?

Time

Is critical.

Call 000 straight away.

If you suspect a stroke, please call 000

FAST FACTS

Wesley Stroke Unit

- Specialist medical team
- Clinical Nurse Consultant
- Nursing
- Physiotherapist
- Speech Pathologist
- Social Worker
- Occupational Therapist
- Dietitian

- Dedicated beds for acute stroke patients in a 30 bed neurology unit
- Operates seven days a week, 24 hours a day
- Specialist evidenced-based acute stroke care
- Co-ordinated multidisciplinary care
- Access to on-site imaging
- Early access to specialist stroke rehabilitation on-site
- Assistance to clinicians in the management of stroke
- Assistance to regional patients
- Early family/carer education and involvement in acute stroke recovery

increasing their chances of death and severe disability.

"Our community need to recognise stroke is a medical emergency and therefore they need to seek medical treatment urgently, " she said.

The Wesley's stroke unit is staffed by senior nursing staff and a multi disciplinary team, lead by neurologist Dr Noel Saines. It includes stroke liaison nurses, physiotherapists, an occupational therapist, speech pathologist and dietician.

"The patient is reviewed by the whole team as soon as possible to determine treatment," Di explains. "Following assessment they are commenced on the acute stroke pathway (NSF) which guides monitoring, assessment and recovery."

Di said stroke patients who present to the Wesley Emergency Centre have available to them a standard of care that meets NSF recommendations and leading contemporary practice.

"Our patient's receive gold class treatment for stroke," she said. "One of the benefits is we have our diagnostic imaging available on site. Patients have immediate access to brain diagnostics such as a CAT scan or MRI of the brain or ultrasound of carotid blood vessels. Once it has been determined there is not a bleed in the brain, treatment begins immediately. This can include a clot-busting drug (thrombolysis)."

When patients arrive in the acute stroke unit, they are placed under 24/7 supervision and monitoring.

> "Our patient's receive gold class treatment for stroke"

"Cardiac monitoring is also standard procedure for Wesley stroke patients, as one of the most common risk factors or causes is atrial fibrillation, a type of arrhythmia. It is present in about one out of five strokes."

Di says as soon as possible Wesley stroke patients receive rehabilitation for any disabilities following their stroke.

"Stroke is a brain injury due to lack of oxygen to motor centres. The most common disability is hemiplegia where one side of the body is paralysed, and this can also result in vision loss on one side of the body. The most tragic result is loss of speech," she said.

"To assist stroke patients with their rehabilitation we have a team of physiotherapists who specialise in stroke recovery. The Wesley Hospital has an inpatient and outpatient rehabilitation service on campus."

Di says GPs play an important role in early stroke treatment. "When GPs recognise stroke symptoms quickly, they can help the patient get help fast. It is vital they get them to an acute stroke unit in a tertiary hospital like the Wesley where they can be scanned quickly to ascertain the severity of the stroke and provided with the correct level of care to make a quick recovery."

GPs also have a role in stroke prevention. "Regular checks for blood pressure, high cholesterol and blood sugars can assist early detection. Also minimising risk factors such as smoking, fatty foods etc. can minimise the risk of strokes."

Trial investigates best emergency room response to stroke

A national research project is underway at The Wesley Hospital to determine best practice in emergency room response to acute stroke.

The Wesley is participating in the T3 trial looking at whether certain protocols undertaken in the first few hours in the emergency department have a positive impact on stroke outcomes.

Wesley clinical nurse manager Di Fichera said the first phase, coordinated by Professor Sandy Middleton of the Nursing Research Institute, started in

Wesley clinical nurse manager Di Fichera

November 2015 and gathered the results of early treatment on stroke outcomes. The second part of the trial, currently underway, is collecting data about stroke severity for submission to the national research institute.

"We are very excited to be one of a number of hospitals involved in this significant research," Di said. "Positive trial results will lead to the establishment of emergency room protocols relating to fever, swallowing and blood sugar levels. These will become standard practice of care if determined there is a positive outcome for patients post stroke."

Di said the level of monitoring in the 48 hours post stroke is vital to address any symptoms – high blood sugar, fever, swallowing difficulties (dysphagia).

The specific protocols under consideration in the trial include: Monitoring temperature to avoid prolonged fever; assessment of swallowing by a speech pathologist/ doctor to prevent aspiration; and monitoring blood sugar levels.

Wesley Emergency Centre 07 3232 7333

FAST FACTS

What is thrombolysis?

Thrombolysis is the breakdown (lysis) of blood clots by pharmacological means, and commonly called clot busting. It works by stimulating secondary fibrinolysis by plasmin through infusion of analogs of tissue plasminogen activator (tPA), the protein that normally activates plasmin. http://www.hemostasis.com/

FAST FACTS

Types of stroke

+ 15 per cent - haemorrhagic, caused by bleeding in the brain due to trauma or high blood pressure.
+ 85 per cent - ischemic, caused by a clot from somewhere in the body that lodges in a blood vessel , blocking off the blood supply in the brain.


UCH Director of Emergency Medicine Dr Sean Rothwell with Wesley Emergency Centre team members

Team effort reduces stress for brain tumour patients

A dedicated neuro-oncology nurse is working alongside neurosurgeons to improve the emotional and medical journey for brain cancer patients

Looking after Queenslanders with brain tumours is never going to be easy, but neurosurgeons at The Wesley Hospital have found a way to make things considerably less traumatic for recently diagnosed patients.

Brizbrain and Spine neurosurgeons are working in conjunction with a neuro-oncology nurse practitioner, whose role is to help patients navigate the difficult days, months, and even hours, following the devastating news they have a brain tumour.

Neurosurgeon Prof David Walker says the nurse practitioner, Vivien Biggs RN, is available to assist his patients through the cancer journey, and look after medical, personal, financial and occupational problems they will encounter during their treatment.

Vivien is the only registered neuro-oncology nurse practitioner in Queensland, working with the neurosurgeons as part of their multi-disciplinary team.

"If a person comes with a brain tumour it's a very upsetting, disorientating and really emotionally draining time," Prof Walker explains. "They get sent to us from the GP and often they're in surgery and in hospital within days. They're confronted with a diagnosis that has significant implications to their work, driving, family life, and every aspect of their life. And that means that their partner, spouse, parents or children are similarly affected.

"It's one of the most devastating diagnoses to get. Unfortunately many brain tumours are difficult to treat and can be life threatening diagnoses."

Prof Walker says the involvement of multiple doctors adds to the complexity of the situation for patients.

"A patient will see neurosurgeons and maybe a neurologist if they have, for instance, seizure problems. Very frequently oncology is involved – medical or radiation oncologists or both. They may need rehabilitation physicians and, if unfortunately the tumour gets on top of them, palliative care as well. They may have half a dozen specialists, as well as their GP who still needs to be part of the team.

Vivien Biggs assisting a Wesley patient

"So it's very difficult for a patient to feel that one doctor is looking after everything as well as they can. Sometimes they can feel left at sea and rudderless. They don't know who to speak to if they have a problem. If there's headache or itchiness at their wound or their medication dosage is changed, do they call the surgeon or the oncologist? They're unsure about it. So it's a very difficult situation."

Prof. Walker felt there had to be a better way of assisting brain tumour patients following diagnosis, and this led him to undertake a three-year research project through QUT's Neuropsychology Department looking at new approaches to coordinated care.

"I was involved in a research project a few years ago and we identified a area of great need," he said. "If you can put into place a cancer care coordinator, the patient experience is more satisfying and, at the end of the day, a lot better. Subsequently it has been shown that those who have coordinated care have less stress and are more comfortable with what is happening to them."

Prof. Walker said the neuro-oncology nurse practitioner is often involved from the first appointment and quickly becomes the go-to person for both patient and surgeon. Vivien continues to sees patients in the Wesley BrizBrain clinic, where they are billed for her services as outpatients.

"Vivien is well equipped to see to the patient's emotional needs when the shock sets in. They're often in a bit of denial when they hear the news they have a malignant tumour, so it's important she gets involved from day one and starts the education process about the hospital, where to go for appointments and scans, questions about medications. Now, from the minute the patient gets their diagnosis they know what it means."

Since coming on board a couple of years ago, Vivien has become an indispensable member of their team, bringing benefits to both surgeons and patients, he said. "Treating a patient with a tumour is a team effort. Patients get better care, and they and their families realise it, and that's the bottom line."

Brizbrain & Spine Clinic
Suite 20, Level 10
Evan Thomson Building
Chasely Street
Auchenflower QLD 4066

Contact Vivien Biggs on 07 3833 2500
www.brizbrain.com.au

Spinal surgeons send out SOS to patients

How do surgeons know the procedures they perform are really of benefit to their patients in the long-term? Usually they don't, but Neurosurgeon Dr Richard Kahler has devised an innovative way to gather feedback in order to assist future patients.

Before surgery and for two years following their surgery for a lower back or neck problem, Dr Richard Kahler's patients receive a questionnaire via email asking them how they are doing? How would they score any pain they are experiencing? How much has their quality of life improved? Has their condition got any better?

The probing survey is not just a friendly follow-up – it's part of an innovative data collection program that is seeking new ways to determine the long-term surgical benefits for patients with degenerative spinal problems, with the potential to provide a more realistic understanding of the expected outcomes for future patients.

Dr Kahler is the BrizBrain Neurosurgeon/spinal surgeon who is spear-heading the Surgical Outcome Survey (SOS) program, which asks Wesley patients to monitor their own recovery and provide feedback following surgical intervention for degenerative lumbar and degenerative cervical spinal conditions.

With the de-identified data collected, he is hoping to use computer modelling to paint a more accurate picture of what patients can expect a year or two following surgery, particularly related to back pain and sciatica, neck pain and related arm pain.

The online survey takes about 20 minutes to fill out and Dr Kahler says the response rate has been good so far.

"Historically surgeons have reported the outcome of procedures themselves," he explains. "The surgeon thinks the patient did really well, the X-ray looks good, the patient results are excellent. But the patient hasn't had any say in their results. With Patient Reported Outcome Measures (PROMS) we are trying to work out what the patient experience is, not just what the surgeon thinks."

Initially the online self-assessment is focused on people with degenerative back and neck problems. About 80 per cent of BrizBrain's work at the Wesley is age-related degenerative spinal disease such as ruptured discs with sciatica, back, neck or arm pain.

Dr Kahler said spinal surgery is an exciting field that has changed significantly over the past decade. However, despite the perceived benefits of new procedures and technologies, there was often little or no monitoring to assess the results a year or more down the track.

"A lot of the spinal technologies have changed in terms of instrumentation and many of the newer devices are fusion-related. Fusions can lead to adjacent levels changes over time; you fuse one and the next one goes and you get a domino effect. So if possible we are tending to look at motion preservation – using newer devices such as artificial discs for the lower back or cervical spine.

"So the mechanical side is well evolved and now the biological side is also evolving to enhance and accelerate this fusion process. There's a lot of work on developing technologies in biologics for enhancement for fusion, such as biological amines, proteins to enhance fusion rates. We have been involved in studies looking at growth factors injecting into discs to try to regenerate them. The next step is stem cell therapies for the spine.

"However, while a lot is being done, no one is monitoring what is happening. We have dedicated trials, where studies are done in very controlled environments with very select criteria of participants with strict follow-up of patient outcomes, exclusion and inclusion criteria.

"But once something is shown to work in a trial it often goes out into the big wide world and no one in the medical community is really assessing the results – you say the result is good, but in a few years what are your results really? No one knows if the new procedures or treatments being done are or aren't effective, or if your results are up to par with the collective, or what can patients realistically expect in term of improvement?"

Dr Kahler says Wesley BrizBrain and Spine is the first group of surgeons in Australia to develop its own custom-designed software based on internationally recognised standardised criteria to collect and analyse patient data in this way.

"I've been doing it for about four years and I see patient-reported outcomes as the direction in which things are moving," he said. "My goal would be over time to have enough data tabulated that a patient could come in with back pain or sciatica and I could put their operation into the computer and it will generate a report on whether they are likely to benefit from it or not. Then we can weigh it up against the cost and other factors.

"Some countries are already basing reimbursement on results, so they won't reimburse the full amount until the outcomes show there is some improvement. We have done work on setting up international measures with the International Consortium of Health Outcome Measures (ICHOM, headed up by Harvard researcher Professor Michael Porter) related to looking for value in health care. Ultimately if we can amalgamate the outcome with the cost, we can find out what is better value for the patient, especially when they're paying a premium.

"Currently a lot of money is spent without any reporting on what the benefit is. A controlled trial is all very good, but when you broaden it into the community, these new procedures come with a high risk – damage to the spinal cord, injury to a nerve, infection. This is big surgery so we've got to be sure that what we are doing is in the best interests of our patients, and if we're not monitoring it, who is?"

"This is big surgery so we've got to be sure that what we are doing is in the best interests of our patients, and if we're not monitoring it, who is?"

The Newro Foundation, BrizBrain & Spine's research arm, has employed SOS coordinator Beth Morrison, a Registered Nurse with a Masters in Public Health, to help roll out the program throughout their practice and work towards building a standardized national spinal surgery database.

"Some patients are quite excited by the survey," she said. "This is the era of Dr Google when patients come with their own diagnosis and have doctor shopped – they want to know who they are seeing will provide good value and proof of results. It's very much about patient-centred goals."

Dr Kahler sees the collection of patient outcomes data as a compulsory part of registration or professional development in the future. "Because if you're not looking at outcomes and results from the patient perspective you're not showing enough interest in what you do." ■

For more information on SOS, contact BrizBrain & Spine on 07 3833 2500

Skull base surgery requires a team effort

Skull base surgery is one of the most difficult forms of neurosurgery and requires close collaboration between disciplines in the operating theatre. Wesley Neurosurgeon Dr Frank Tomlinson explains why.

How complicated is skull-base surgery?

Skull base surgery is challenging because of the nature of the anatomy and the types of lesions. Compared to the skull vault the skull base is complicated because of the structures entering and exiting the cranial cavity. As well as the spinal cord which enters the skull base through the foramen magnum there are major blood vessels, including the carotid and vertebral arteries, the jugular vein as well as the cranial nerves. Skull base tumours are often intimately related or envelop the structures. Surgery is planned to avoid injury to the brain and these structures.

Why has skull base surgery developed?

Skull base surgery has developed over many years as a hybrid incorporating parts of different surgical approaches. It has become a collaborative discipline with neurosurgeons working closely with ENT surgeons and ophthalmic surgeons. Spinal techniques are also utilised in treating some skull base conditions. In addition to open surgeries involving craniotomy and using the microscope, endoscopic techniques are also frequently used in the management of skull base tumours, such as pituitary tumours. A lot of conditions are still difficult to treat, but skull-base surgery is now providing better outcomes for patients.

What are some of the skull-base conditions requiring collaborative surgery?

Skull base tumours are not as common as other brain tumours such as gliomas. The most common skull base surgeries are for acoustic neuromas, pituitary tumours and lesions at the craniocervical junction.

If the patient has an acoustic neuroma (a noncancerous growth that develops on the vestibular nerve) the neurosurgeon collaborates with an ENT surgeon to dissect out the bone at the base of the skull

behind the ear to access the tumour and to repair the approach to avoid cerebrospinal fluid leaks.

Pituitary surgery also involves a combined approach with the ENT surgeon to provide access to the pituitary tumour through the sphenoid sinus. In addition to providing access the ENT surgeons utilise their knowledge of the endonasal space to fashion vascular flaps to repair the defect in the pituitary fossa helping to avoid cerebrospinal fluid leaks and infection. Endoscopic techniques allow projection of the operative field onto large screens which improves vision. Surgery when performed with both the ENT surgeon and the neurosurgeon operating together may provide greater flexibility .

"Skull base surgery has developed over many years as a hybrid incorporating parts of different surgical approaches."

Skull base surgical techniques are also used in treating tumours and bony abnormalities at the craniocervical junction. When there is compression from the odontoid peg decompression of the craniocervical junction can be performed with the ENT surgeon using transnasal endoscopic approach. Additional decompression of the brain stem can then be performed posteriorly and the craniocervical junction stabilised using spinal instrumentation.

If a tumour or lesion involves the orbit, a combined approach is performed with the ophthalamic surgeon and ENT surgeon. Such exposures can involve removing the zygomatic arch and orbital bones. Once the tumour has been treated then the skull is reconstructed using microplates and screws.

The philosophy in treating tumours in these different areas is to adequately remove the lesion, but at the same time preserving function. This involves avoiding injury to the blood vessels, nerves and limiting brain retraction.

What other disciplines do neurosurgeons work collaboratively with?

Some skull base tumours are not operable and are treated non surgically. Non surgical treatment for these tumours may require radiation therapy. BrizBrain & Spine surgeons work closely with the radiation therapists at Genesis Cancer Care. Radiation treatment often involves stereotactic radiosurgery using the LINAC (Linear Accelerator). This provides focused radiation beams to skull base lesions, avoiding damaging radiation to surrounding structures. Additionally some skull base tumours require chemotherapy and BrizBrain & Spine surgeons work closely with ICON.

Neurosurgeons at BrizBrain & Spine also work closely with radiologists of WMI on campus at the Wesley to image skull base tumours and to develop a surgical plan. Using the imaging neurosurgeons use a technology called neuronavigation as a type of surgical road map.

What is neuronavigation?

It's a way of creating a volume in space that represents the area of concern. Neurosurgical and skull base operations are often performed with limited exposure so with use of neuronavigation, the surgeon is able to confirm the position of the lesion throughout the operation. This type of technology improves outcomes by allowing the development of a surgical plan which avoids eloquent structures.

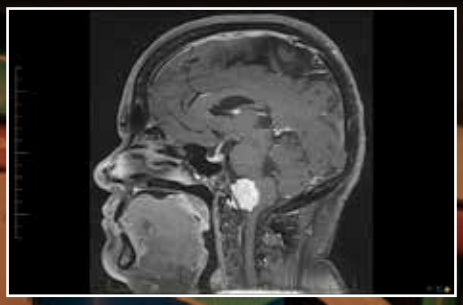
How important is to have good facilities and a good team to achieve your goals?

Skull base surgery is about teams of people with specific skills and combining these skills to provide better outcomes for patients. In addition to the surgical teams involving ENT surgeons and ophthalmic surgeons, oncologists and radiologists, there are many other important elements necessary to ensure patient's safety and outcomes. These include excellent surgical facilities, advanced anaesthesia and a comprehensive intensive care facility. In addition, highly trained nursing staff and rehabilitation services also ensure improved outcomes. Specialist physician services provided by general physicians, neurologists and endocrinologists are also paramount. All these areas of expertise are available at The Wesley Hospital. The ability to perform skull base surgery reflects not only on the people involved, but also on the hospital to provide a highly sophisticated level of service - it's an indirect marker of the quality of the hospital.■

Dr Francis Tomlinson practices at BrizBrain and Spine, Wesley.

Navigating the skull


MRI Pituitary Ademona with suprasellar extension


MR Meningioma Craniocervical Junction


Craniocervical Stabilisation


Sagittal CT Craniocervical junction anterior and posterior decompression


MR Acoustic Neuroma


MRI Brain Trigeminal Neuroma with Orbital extension

'Neurosurgery suits my personality'

Interview with Professor David Walker, neurosurgeon and researcher

I've been involved with the Wesley for eight years and, like all my other colleagues, trained in Brisbane. I came through the Royal Brisbane Hospital system and trained under Dr Frank Tomlinson and Dr Terry Coyne in the late 90s. After working at the RBH as a VMO, I joined the BrizBrain practice at the Wesley in 2005. There's been a gradual expansion of our group – we have had five neurosurgeons here for a while, and two spinal orthopaedic surgeons joined a couple of years ago.

My main interest is in brain tumours from a research and clinical point of view. I've been interested in them even before I started neurosurgery. I did a PhD in Brain Tumour Research at QMIR and a Brain Tumour Fellowship at Harvard in Boston.

I became a neurosurgeon because you tend to favour things that suit your personality and I always wanted to do surgery because I like technical things. Neurosurgery suits a person who is a bit more introverted and a certain personality that likes challenges and difficult stuff.

If you want to do it well you have to have good training and practice at it and train at it – I can't say it's more difficult than other surgical specialities. Now that I've worked in neurosurgery for almost 20 years I'm still learning and in awe of really great surgeons around the world, but most things I'm very comfortable with and find very easy because I've done it for so long.

There's an aura or mystique about neurosurgery maybe because it's one of the last surgical specialties to develop because it is very technology dependent, so you need to have really good anaesthesia and great investigations like MRIs and microscopes to do it effectively. Those things are relatively new compared to other specialties. And, of course, you're working on the brain which is part of the body that affects you as a person - it's you as a personality, the way you interact with people and the world. If you do damage to the brain you change that whole person.

"Neurosurgery suits a person who is a bit more introverted and a certain personality that likes challenges and difficult stuff."

In neurosurgery, what hasn't changed is the outcome for people with malignant brain tumours despite the fact we've got better surgical tools, better scanning equipment and more available scans. Unfortunately people still die, for the most part, from malignant brain tumour. The outcome hasn't changed much from 30 years ago. It's a little bit better. What has changed is better MRIs, better investigations, microscopes, ICUs and understanding of the need for post operative care.

There's no doubt their quality of care is much better and we have hope now. We can see things happening in the research field that really stimulate us. We have a few patients from our earlier clinical trials that are surviving for years, well beyond expectation. We are getting some hints that we're on the right track and we will hopefully be there in my lifetime. I'll be very disappointed if we're not. Thirty years ago breast cancer was a very difficult cancer to deal with. Now it's mostly treatable and curable, although some young people still die of it, but that's not the case with brain cancer. But that's no reason that can't change if we try. If we don't try it won't change."

Professor Walker is currently involved in a world-first immunotherapy clinical trial for glioblastoma multiforme (GBM). ■

Neurosurgeon Professor David Walker in his rooms at the Wesley

Specialist Directory: Neurology

Dr Noel Saines

Neurologist

Dr Noel Saines is a consultant neurologist at The Wesley Hospital and principal investigator at the Wesley Medical Research Clinical Trials Centre.

Dr Saines graduated from Melbourne University in 1973 and completed his Fellow of the Royal Australian College of Physicians in Sydney. In 1982, he travelled to New York to work at the Neurological Institute of Columbia University.

Upon his return to Australia, Dr Saines worked as a consultant neurologist for several local public and private hospitals before joining The Wesley's extensive team of medical specialists. While practising at the Wesley, Dr Saines has followed his passion for clinical neurology and research in his field of interest – multiple sclerosis.

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Dr Robert Henderson

Neurologist

Dr Robert Henderson is a senior staff specialist in neurology at the Royal Brisbane and Women's Hospital and The Prince Charles Hospital, an Associate Professor at the University of Queensland, and conducts private practice at the Wesley.

A graduate of the University of Queensland, he undertook his neurology traineeship at RBWH. After attaining a Fellowship in Neurology from the Royal Australian College of Physicians he continued his studies at the Mayo Graduate School of Medicine in Minnesota, USA, becoming a Senior Neurophysiology Fellow and working at the Mayo Clinic.

Returning to Australia in 2001, Dr Henderson became a staff specialist in neurology at the RBWH and was Director of Neurology at the hospital from 2005 to 2012.

Pursuing his interest in research, Dr Henderson obtained his PHD from the University of Queensland in 2007, exploring the topic "Investigating techniques to determine the number of motor units supplying a muscle".

Dr Henderson is active in clinical trials on motor neurone disease and neuromuscular disorders.

He is a member of the Australian Medical Association, the Australian and New Zealand Association of Neurologists, Co-Director of the RBWH Motor Neurone Disease Multidisciplinary Clinic and Vice-Patron of the MND Association of Queensland.

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Dr Kate Sinclair

Paediatric Neurologist

Dr Kate Sinclair is a paediatric neurologist now practicing at The Wesley Hospital.

Since 2005, Dr Sinclair has worked as a full time specialist at the Royal Children's Hospital in Brisbane, now Lady Cilento Children's Hospital, where she covers the breadth of child neurology including epilepsy, cerebral palsy, movement disorders and headache.

Dr Sinclair trained in Medicine at Oxford University in the UK, and completed her child neurology training in Cambridge, UK, and Brisbane.

A keen interest in clinical research led her to set up a national clinic for a rare disorder, Ataxia Telangiectasia. Working with families and researchers, she facilitated research in MRI tractography and stem cell basic science. As a fellow of The Royal Australian College of Physicians, she won the FRACP Blackwell New Investigator award for research. Dr Sinclair was also the recipient of the Epilepsy Queensland Health Award in 2012.

Dr Sinclair is also a member of The Royal College of Physicians, UK; The Australian and New Zealand Child Neurology Society and The International Child Neurology Association.

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Dr Pamela McCombe

Neurologist

Professor Pamela McCombe graduated in medicine from UQ and completed a science degree for medical students. She then trained as a neurologist in Sydney, at Prince Henry and Prince of Wales hospitals. After completing a PhD from the University of Sydney, she obtained experience in neurophysiology in Cleveland and then returned to UQ as a post-doctoral fellow. Dr McCombe worked for some years as a research fellow in neuroimmunology and was an National Health and Medical Research Council Senior Research Fellow. Later she resumed clinical practice as a neurologist, and continued her research as an NHMRC Practitioner Fellow.

She is Professor and Head of the Royal Brisbane Clinical School in the School of Medicine and co-head of the Brain and Mental Health Theme at the UQ Centre for Clinical Research.

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Neurosurgery

Dr Paul Sandstrom

Neurologist

Dr Paul Sandstrom is a neurologist who practices at The Wesley Hospital and St Andrew's War Memorial Hospital.

He has a special interest in nerve conduction studies. Dr Sandstrom completed his studies at the University of Queensland in 1975.

He is a Fellow of the Royal Australasian College of Physicians.

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79 Wickham Terrace
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Prof Peter Silburn

Neurologist

Prof. Silburn is a neurologist with an interest in neurodegenerative disorders of the brain, in particular Parkinson's disease and related disorders, movement disorders in general and innovative therapies including neurosurgery, stem cells and gene therapies.

Prof. Silburn graduated from the University of Queensland in 1988 and commenced training in Neurology at Princess Alexandra Hospital and completed training in Oxford at the Radcliffe Infirmary. He was subsequently the Clinical Lecturer in Neurology at Oxford University, UK. From Oxford, Prof. Silburn went to the Karolinska Institute, Stockholm and returned to Brisbane in July, 1996 where he commenced private practice.

He is a member of the National Health and Medical Research Council Expert Advisory Committee on Stem Cells and has academic affiliations with Griffith University, Queensland University of Technology and the University of Queensland.

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Dr Terry Coyne

Neurosurgeon and Spinal Surgeon

Dr Terry Coyne is a neurosurgeon in private practice with BrizBrain and Spine. Dr Coyne has been practising at the Wesley since 1994 and has sub-specialties in neurosurgery, spinal surgery and deep brain stimulation.

His practice covers a broad range of adult neurosurgery, with particular interests in cerebrovascular surgery, skull base surgery, spinal surgery and movement disorder surgery, including deep brain stimulation (performed in cconjunction with neurologist Professor Peter Silburn).

Dr Coyne obtained his medical degree from the University of Queensland in 1983 and finished his specialist neurosurgeon training in 1991, having worked at the Townsville, Royal Brisbane and Princess Alexandra hospitals. Dr Coyne continued his neurosurgical training, spending two years completing a post-graduate Fellowship at the University of Toronto, Canada.

Dr Coyne is a member of the Royal Australasian College of Surgeons, the Neurosurgery Society of Australia, is a Board Member of the World Society for Stereotactic and Functional Neurosurgery and is the President of the Medico Legal Society of Queensland.

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Dr Richard Kahler

Neurosurgeon and Spinal Surgeon

Dr Richard Kahler is a neurosurgeon with sub-specialties in neurosurgery, spinal surgery, and oncology. He completed his medical degree at the University of Queensland. His neurosurgical training was attained in Townsville, Brisbane, Perth and the United Kingdom.

Dr Kahler acquired specialist training in spinal surgery techniques during 12 months advanced training at Frenchay Hospital, Bristol, United Kingdom. This training was specifically directed at complex and computer-guided spinal surgery. He was also involved in research of spinal artificial disc surgery. He continues to focus on these techniques as well as minimal access 'keyhole' spinal surgery.

Dr Kahler was appointed to The Royal Brisbane Hospital and Royal Children's Hospital as a specialist neurosurgeon in 2000. In 2005 he merged with Dr Tomlinson and Dr Coyne, his co-founders, to establish BrizBrain & Spine at The Wesley Hospital. Dr Kahler is Managing Director of BrizBrain and Spine. He is also a Director of Newro Foundation, a not-for-profit research organization focusing on the neurosciences. Dr Kahler has a particular interest in results of surgery from a patient's perspective – patient reported outcome measures (PROMs). In conjunction with Newro and BrizBrain and Spine staff, he has developed software allowing online collection and interpretation of PROMs to help advance our knowledge of surgery and surgical outcomes.

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Specialist Directory: Neurosurgery

Dr Frank Tomlinson

Neurosurgeon and Spinal Surgeon

Dr Frank Tomlinson is a neurosurgeon with sub-specialties in neurosurgery, spinal surgery, neuro-oncology and skull base surgery. He completed his undergraduate medical training at the University of Queensland. On completing his advanced neurosurgical training at the Royal Brisbane Hospital, Dr Tomlinson worked for three years at the prestigious Mayo Clinic in the USA, before returning to Australia to accept a position as a visiting neurosurgical consultant at the Royal Brisbane and Royal Children's hospitals. He worked as a Clinical Associate Professor, supervising neurosurgical training at the Royal Brisbane and Royal Children's hospitals. Dr Tomlinson has also been involved in research, being awarded a Doctor of Philosophy and a Doctor of Medicine from the University of Queensland.

Dr Tomlinson is one of the founding surgeons in the BrizBrain & Spine neurosurgery and orthopaedic spine practice. As well as his clinical practice, he continues to be involved in neurosurgical training and mentoring. He also continues his research interests through the Newro Foundation.

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Prof David Walker

Neurosurgeon and Spinal Surgeon

Professor David Walker is a neurosurgeon specialising in surgical treatment of conditions of the brain and spine. He has been associated with BrizBrain and Spine since its foundation in 2005. Prof Walker has a special interest in brain tumours, especially surgery for low-grade gliomas, and has been practicing at the Wesley since 2004.

Prof Walker completed his undergraduate medical training at the University of Queensland. He then studied for a doctorate PhD at the Queensland Institute of Medical Research on the Molecular Genetics of Astrocytomas (brain tumours) before undertaking advanced neurosurgical training at the Royal Brisbane Hospital and Royal Melbourne Hospital.

Prof Walker was a Neuro-Oncology Fellow at the prestigious Brigham and Women's Hospital in Boston, USA, and was also appointed a position at Harvard University during this time. In the United States he underwent advanced neurosurgical training in the management of brain and pituitary tumours.

Since returning to Brisbane in 2001, he has worked as a consultant neurosurgeon at the Royal Brisbane and Women's Hospital and the Royal Children's Hospital, and has been in full-time private practice since 2009. His major areas of clinical expertise continue to be in brain and pituitary tumours, as well as in treatment of degenerative spinal conditions using minimally invasive techniques.

Prof Walker has developed an extensive research program in brain tumours, and is Managing Director of the Newro Foundation, which conducts brain tumour trials in collaboration with other institutions such as the Queensland Institute of Medical Research and the University of Queensland. He regularly presents his work at national and international meetings and continues to publish in peer-reviewed journals.

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Dr Michael Bryant

Neurosurgeon and Spinal Surgeon

Dr Michael Bryant is a neurosurgeon and part of BrizBrain and Spine. He has a special interest in spinal surgery and has been practicing at the Wesley since 2009.

Dr Bryant completed his undergraduate medical training at the University of Queensland in 1997. With his interest in the area increasing, he undertook advanced neurosurgical training at the Royal Brisbane Hospital and Royal Adelaide hospitals from 2003 to 2007.

During his nine years of broad neurosurgical exposure, Dr Bryant undertook a year of research at the Queensland Institute of Medical Research, furthering his knowledge of brain tumour behaviour and treatments. Following this, Dr Bryant was made a Neuro-Spinal Fellow in 2008 at the Flinders Medical Centre, Adelaide working in the busy Spinal Unit. During this time, he also worked in the Royal Adelaide Hospital Spinal Unit giving him exposure to all aspects of spinal surgery. Dr Bryant now works at the Briz Brain and Spine Clinic.

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Normal pressure hydrocephalus

Normal pressure hydrocephalus is a potentially reversible cause of dementia and gait disturbance. Neurosurgeon Dr Terry Coyne and Neurologist Dr Noel Saines explain.

Idiopathic normal pressure hydrocephalus (NPH) is a condition first described in 1965 consisting of a clinical triad of gait disturbance, cognitive impairment and urinary incontinence, with normal CSF pressure on lumbar puncture (LP), and enlarged ventricles on imaging (Fig. 1).

Gait and balance disturbance is usually the leading presentation; cognitive decline and incontinence appear as the disease progresses. The incidence is in the order of 5.5/100,000, and NPH accounts for two to six per cent of patients with dementia. The prevalence increases with age, particularly in the over 70's. The number of people with NPH is thought to be underestimated, and there are likely

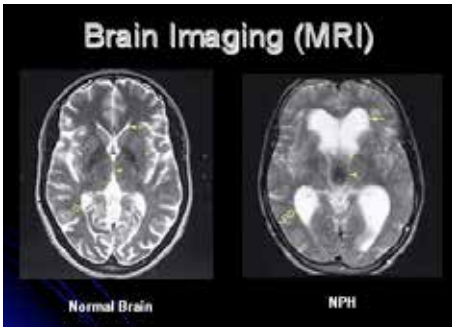

Fig. 1

patients who could benefit from treatment who don't receive it. One reason for this is that the diagnosis of NPH has a variable clinical presentation and course. NPH can resemble, or occur in combination with, various disorders which are prevalent in the elderly, such as cerebrovascular disease, neurodegenerative disorders (e.g. Alzheimer's disease, Parkinson's disease, Lewy body disease), spinal stenosis, and primary urological disorders.

The cause of idiopathic NPH is not fully known. The condition is thought to relate to defective CSF absorption, possibly from malfunction of arachnoid granulations.

Neurosurgeon Dr Terry Coyne has a particular interest in movement disorders

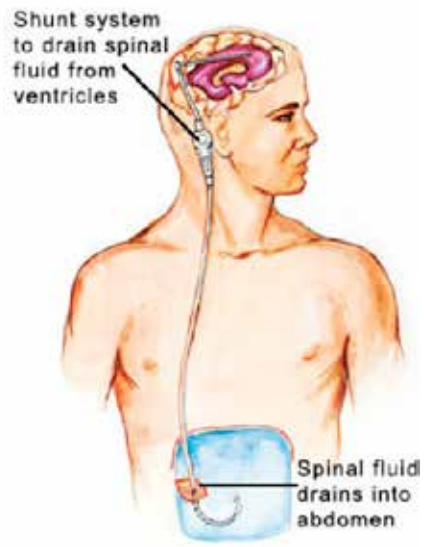

Fig. 2

The principal active treatment for NPH is placement of a ventriculo-peritoneal (V-P) shunt (Fig. 2). While placement of a V-P shunt does not have a particularly high complication risk, adverse events can occur, and not all patients obtain benefit. Thus there is a requirement for predictors of a successful outcome with shunting. MRI measurement of CSF flow rate through the cerebral aqueduct, impaired CSF circulation seen on a radionuclide CSF flow study, and objective improvement in gait parameters following CSF drainage via a lumbar puncture may offer a guide as to the likelihood of a positive response to shunting, although there is no "gold standard" investigation which can definitively determine whether a shunt will be of benefit. Ultimately a decision to offer shunt placement involves careful consideration of the clinical presentation, other potential diagnoses and imaging studies, with review of specific investigations as outlined.

Most studies in the literature report

that 80 to 95 per cent of appropriately selected patients improve after shunting. Improvement is most notable for gait disturbance, although there can be improvement in urinary incontinence and in even marked cognitive impairment. However benefit may reduce over time, often seemingly related to co-morbidities which are common in the age group of patients with NPH.

As with all surgical procedures, there are risks of V-P shunt placement. These include acute intracranial haemorrhage, shunt infection, CSF over-drainage leading to sub-dural hygroma, and shunt blockage. The risk of a serious adverse event with shunt surgery is in the order of 5 per cent, with minor adverse events occurring in 15 per cent, although there are series with shunt complication rates approaching 40 per cent.

It is acknowledged that the level of evidence in the literature for benefit with shunting is relatively low (for example there are

"NPH is a condition in older persons which is not always diagnosed in the community, but one which if identified can be treated satisfactorily."

no blinded, randomised trials comparing shunting to less invasive therapy). Nonetheless there is enough evidence for the American Academy of Neurology, as recently as December 2015, to state that it is reasonable to offer shunting to appropriately selected patients after having explained the potential benefits and risks.

In summary, NPH is a condition in older persons which is not always diagnosed in the community, but one which if identified can be treated satisfactorily, with improvement in function and quality of life. However diagnosis and surgical management requires careful assessment and informative discussion with the patient and his or her family.

The neurology and neurosurgery service at the Wesley has a long history of interest in NPH, and has a well established pathway providing multidisciplinary assessment with neurology, neurosurgery, neuroradiology and allied health review of patients suspected to have this condition. ■

New Day Treatment Unit reduces need for overnight stay

After months of construction, the highly anticipated Wesley Day Treatment Unit officially opened on January 18.

Wesley Day Treatment Centre is a custom-built facility with 13 bays

Located conveniently on Level 2 of the main hospital building, The Wesley Day Treatment Unit administers various treatments, given over several hours, in a new purpose-built facility.

Operating Monday to Friday, it offers 13 bays with comfortable, electronic recliner chairs/beds to enhance patient comfort.

Treatments include chemotherapy regimens administered by specialist oncology nurses, blood transfusions, other specialist infusions which require day-only admission and urology treatments also not requiring a ward bed. Patients needing to stay overnight, or requiring weekend treatment, are admitted to the hospital.

The service, formerly in 3W in the west wing, is located near the admissions desk making it easily accessible for patients. The close proximity to specialist clinical services, including oncology and neurology, enables patients to receive all their treatment at the one site.

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, thus 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, iPads and refreshments are available.

The Wesley Day Treatment Unit is open Monday-Friday, 7am-3.30pm. For appointments contact the team on 07 3232 7967.

Ground-breaking treatment for patients with left-sided breast cancer

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Dr Marie-Frances Burke


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Genesis CancerCare Wesley
The Wesley Medical Centre
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www.genesiscancercareqld.com.au

GenesisCare

Meet our new Visiting Medical Practitioners

Dr Bjorn Smith

Orthopaedic Surgeon

Dr Bjorn Smith is a hip preservation and lower limb joint replacement surgeon who joined the Wesley in 2015.

His special interests include hip arthroscopy, periacetabular osteotomy (hip joint realignment) and sports hip surgery. Additionally, he has an interest in minimally-invasive anterior total hip replacement, complex hip and knee replacement and revision surgery.

After completing his Bachelor of Physiotherapy at the University of South Australia, Dr Smith attained a Bachelor of Medicine and Surgery, University of Queensland. He pursued his education with a Masters of Orthopaedics, Queensland University of Technology, and undertook Advanced Surgical Training in Orthopaedics throughout Queensland.

His subspecialist hip training qualifications include The John O'Donnell Anterior Hip Fellowship, Melbourne, and the Adult Hip & Knee Arthroplasty, Knee Arthroscopy & Sports Medicine Fellowship at the Prince of Wales Hospital, Sydney.

Dr Smith is a Fellow of Royal Australasian College of Surgeons, Fellow of the Australian Orthopaedic Association, Member of the International Society of Hip Arthroscopy, and the Hip Preservation Society of Australia.

He is married with three children.

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Dr Nicholas John

General Physician, Geriatrician

Dr Nicholas John is a general physician with a special interest in geriatric medicine. He began consulting at The Wesley Hospital in 2015.

Dr John trained at Bristol University Medical School and graduated with Bachelor of Medicine and Bachelor of Surgery degrees in 1988. He held junior hospital posts in Bristol, Bath and Worcester in the UK and the Gold Coast and Brisbane, before training in general medicine and geriatric medicine in Brisbane, London, Rotorua and Auckland.

His qualifications include Membership of the Royal Colleges of Physicians, UK, 1997; Fellow of the Royal Australasian College of Physicians, 2000; and Fellowship of the Royal College of Physicians of London, 2009. He has held consultant posts at Prince Charles Hospital, Chermside; Royal United Hospital, Bath; St Vincent's Hospital, Brisbane and Mater Redlands Hospital.

Dr John's areas of interest are memory impairment, delirium, falls and frailty, polypharmacy, neurology of old age, general medicine and old age.

Pursuing his passion for research, he was a Research Fellow on the Oxford Project to Investigate Memory and Ageing (OPTIMA), a research project tackling Alzheimer's.

Outside of medicine, his main interests are his family, music, history and sport.

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Dr Anthony Kiosoglous

Urologist

Dr Anthony Kiosoglous is a consultant urological and reconstructive surgeon, who performed his medical and surgical training in Brisbane. He returned to Brisbane in early 2015 from a two-year fellowship in London, United Kingdom, at the world renowned Guy's and St Thomas' Hospital and University College Hospital.

Dr Kiosoglous' clinical and research interests include urinary reconstruction and incontinence (urge and stress), bladder BOTOX, sacral neuro-modulation, and vaginal prolapse. He also specialises in chronic pelvic pain (interstitial cystitis), urinary tract infections, neuro-urology (eg. MS and spinal cord injuries), and urodynamics.

As well as presenting at conferences nationally and internationally, he has been published in international peer-reviewed journals and is a reviewer of three international surgical and urological journals.

Dr Kiosoglous is a member and elected Queensland committee representative of the Royal Australasian College of Surgeons, the Urological Society of Australia and New Zealand, European Association of Urology, and the Continence Foundation of Australia.

He consults at the Wesley Medical Centre with theatre sessions at The Wesley Hospital. He looks forward to working in close collaboration with GPs, neurologists, gynaecologists, colorectal surgeons, and physiotherapists to provide multidisciplinary care for patients.

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Signs of stroke

F.A.S.T.

Face

Has their mouth drooped?

Arm

Can they lift both arms?

Speech

Is their speech slurred? Do they understand you?

Time

Is critical. Call 000 straight away.

If you suspect a stroke call 000

The Wesley HOSPITAL

UnitingCare Health