

autumn | 2019

# Medilink

**Medical Professionals direct link**  
to programs and services at the Wesley



## Comprehensive Care

### Articles in this issue:

- + Life changing surgery
- + ACL injuries in younger patients
- + Craniofacial pain
- + Genetic testing

# Holistic Approach



## Welcome to the autumn edition of Medilink.

In this edition, we showcase a range of our comprehensive services across the hospital. As one of the few not for profit private hospitals in Queensland with a full list of comprehensive services on one campus, we have earned a reputation of excellence in patient care and treatment.

Not only does The Wesley Hospital pride itself on its clinical services, but also on our holistic approach to patient care and giving back to the community - make sure to read our cover story on a life changing surgery for a young woman from PNG that was performed, pro-bono, at The Wesley.

With the broad range of treatment and care options offered in collaboration with our medical partners we would like to highlight, in this edition, what we can offer your patients at The Wesley. This includes articles showcasing expert cancer care, orthopaedic surgery, neurology and obstetrics.

You may have also seen that we have recently launched a series of videos called "Care to Share". These short 90 second videos provide

patient centred information, from a range of our specialists, to share with the community. You can view them on our website or The Wesley Facebook page. Please share these resources amongst your patients.

Our well attended GP education events will continue throughout the year and, based on your feedback, we are re-introducing our series of networking events for general practitioners and specialists. These events are a great format for GPs and specialists to meet in person and to put faces to names. We will be sending out invitations in the near future.

I'm also proud to welcome experienced new specialists to the team at The Wesley; you can view their profiles at the back of this edition of Medilink. They are available to meet you in

person at your practice to introduce themselves 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 contact the Business Development Unit on **3232 7222** or email **wesley.bdm@uhealth.com.au**

**A/Prof Anthony Bell**  
Director of Medical Services  
Phone 07 3232 7926  
Email [dmsoffice.wesley@uhealth.com.au](mailto:dmsoffice.wesley@uhealth.com.au)



**CARE to SHARE®**

A video series with real health information from real doctors from **The Wesley Hospital**.  
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# The Wesley Hospital delivers second life changing surgery for Vascolynna from Papua New Guinea

We are delighted to share with you that The Wesley Hospital has delivered a second major surgery for Papua New Guinea national Vascolynna Agamo 15 years after a similar surgery at the hospital.



GENERAL MANAGER MICHAEL KREIG, VASCOLYNNA'S FATHER DUANE AGAMO AND PATIENT VASCOLYNNA AGAMO WITH DR GEOFF FINDLAY AND DR JOHN ARVIER



DR JOHN ARVIER WITH VASCOLYNNA AGAMO

Vascolynna, 18 was living with a fused jaw that left her unable to eat or speak and has now successfully had her jaw released at The Wesley Hospital by a group of surgeons, including two Maxillofacial surgeons, an ENT and an Anaesthetist.

Dr Geoff Findlay was chief surgeon, Dr Arvier assisting, with the Anaesthetist, Dr Kiron Chakrabarti and ENT surgeon Dr Simon Nasser. Dr Maga, from PNG, was observing the procedure

The Wesley Hospital's General Manager Michael Krieg said he was pleased the hospital was able to provide the surgery to ensure Vascolynna had the opportunity for this life changing procedure.

"The Wesley Hospital is committed to excellence in medical care, and where we can, we want to provide this high standard of treatment to positively impact the lives of those who need it most," Mr Krieg said.

A similar surgery was performed over 15 years ago at The Wesley when Vascolynna was just three years old and travelled to Brisbane with her father after being referred by Rotary.

The Wesley Hospital was able to cover the cost of hospital services to enable Vascolynna to receive this critical follow up surgery and again give her access to world class medical care.



# ACL Injury in the Younger Patient

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Knee ligament injury is a common presentation to medical and allied health practitioners. One of the most common knee ligaments to be injured is the anterior cruciate ligament (ACL). Many sporting pursuits in Australia are renowned for ACL injury. These sports include touch football, AFL, netball, soccer, skiing, rugby union, rugby league and basketball.

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Unfortunately, the last decade has seen an increasing number of young patients, including children as young as seven, sustaining these very significant injuries and going on to require surgical intervention.

The cause for the increasing incidence is unclear but is thought to be related to factors such as more intense and frequent training, children becoming increasingly confined to one sport, and an avoidance of free play periods due

to increases in electronic device based entertainment. Furthermore, children and adolescents are now larger in body size with a trend towards obesity.

The mechanism of an ACL injury is a pivoting movement while decelerating or landing from a jump.

It is predominantly a “non-contact” injury which means that the pivot occurs without being in contact with an opposing player. The injury usually results in the player falling to the ground after hearing or feeling a “pop” at their knee. The pain usually resolves quite quickly, but a sense of insecurity as the patient moves is usually present. It is the insecurity and the sensation of not being able to “trust” their knee that urges the patient to seek medical review.

In adolescent and paediatric patients, these injuries are often mistaken for patella dislocation events. The insecurity can lead patients to give up sports and leisure activities.

It is very clear that one does not require an ACL reconstruction to live their life, but the instability that the deficiency in the ACL causes results in further structural injury to the knee, in particular the meniscus.

It is the subsequent injury to the meniscus that results in osteoarthritic changes. In general, younger patients, especially children and adolescents, tend to be more active and therefore are more likely to do further, irreparable damage to their knee.

The role of ACL reconstructive surgery is to allow patients to return to sporting activities by providing stability at their knee.

The challenge in the post-operative period for the younger patient is to ensure that return to sport and high risk activities doesn't occur too soon. The evidence suggests that for adolescent

patients it may be better to delay return to pivoting sports for 18 months, and in paediatric patients up to 2 years to allow maturation of the graft as well as the patient's knee tissue in general.

Obviously, this is not great news for the keen teenage footballer or netballer who see professional athletes in their code returning to the highest level in 7 to 9 months. It can be a difficult discussion, however subsequent re-rupture of the graft is even worse.

There has been much work put into prevention programs for knee ligament injury. These programs, especially in Australian netball, have shown a reduction in injury prevalence. The programs work on proprioceptive control of the athletes knee as well as improved techniques for landing and jumping. There is impetus for these prevention pathways to be expanded to other sporting codes so that we can reduce these devastating injuries in our children and teenagers and allow them to continue with their sporting interests for many years into the future.



**Dr John Roe**  
**Orthopaedic Surgeon**  
**Wesley Orthopaedic and Sports Injury Clinic**  
 Level 3, Suite 71  
 Sandford Jackson Building  
 30 Chasely Street  
 Auchenflower Qld 4066  
 Telephone (07) 3870 1900  
[jroe@wosic.com](mailto:jroe@wosic.com)

## Wesley Emergency Centre

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# Craniofacial pain

Craniofacial pain is a term that is often used to describe chronic facial, neck and head pain. Symptoms will vary from person to person. The diagnosis and management can prove daunting due to a myriad of causes. However there are common neurosurgical conditions of craniofacial pain that can be diagnosed and managed effectively.

The most common surgical causes include, trigeminal neuralgia, hemifacial spasm, glossopharyngeal neuralgia and occipital neuralgia. Pain from neuralgia occurs in the distribution of a particular nerve that otherwise are normal in function.

In the case of trigeminal neuralgia (TN), it is described as paroxysmal excruciating, electric like pain experienced in the distribution of the trigeminal nerve supplying sensation from the face.

It is often triggered by sensory stimulus such as eating, drinking, talking, shaving, washing, cold wind etc. As a result it can cause severe difficulty eating leading to malnutrition and poor dental hygiene. There are no neurological deficits or detectable abnormality of the trigeminal nerve function. Patients can have pain free intervals lasting weeks to months however there is often a considerable fear of the pain returning.

In typical TN, there is a vascular compression of the nerve at the root entry zone most likely by the superior cerebellar artery. An MRI/MRA head is the gold standard investigation to rule out other compressive causes such as tumour or multiple sclerotic plaque.

The treatment is firstly medical, and surgery should only be considered in cases of neuralgic pain refractory to

medical management or where significant side effect of medication is encountered. Surgical management includes:

- (1) Peripheral nerve branch blocks or ablation
- (2) Percutaneous trigeminal neurotomy (+/- Stereotactic)
- (3) Microvascular decompression (MVD)
- (4) Total or partial transection of nerve
- (5) Stereotactic radiosurgery

Microvascular decompression (MVD) is an accepted surgical technique for the treatment of TN, hemifacial spasm and glossopharyngeal neuralgia. The aim of surgery is to remove the vascular contact with the dorsal root of the nerve. A retrosigmoid approach via a posterior fossa craniotomy is performed with the

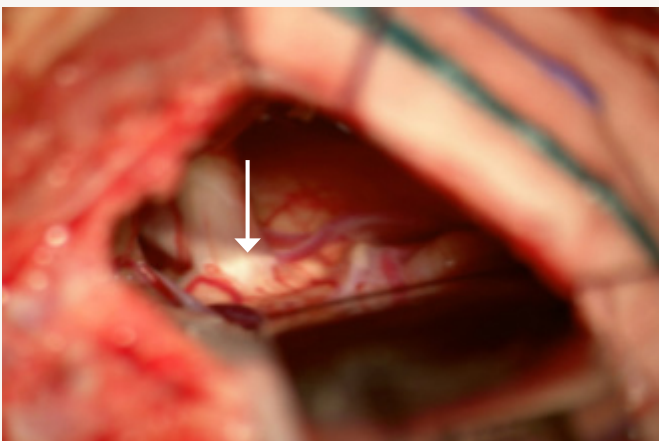
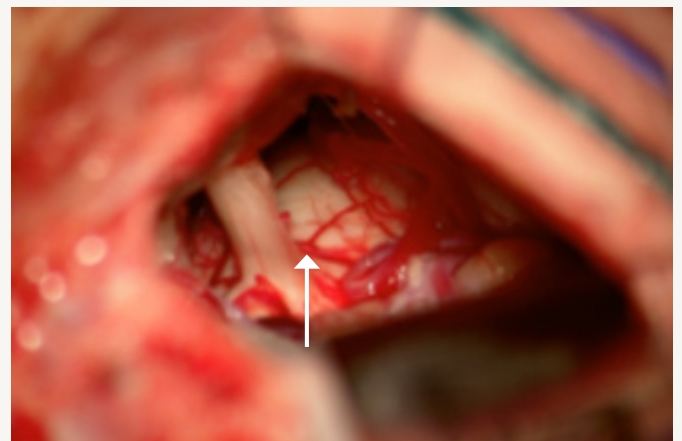


IMAGE A: VASCULAR COMPRESSION AT THE NERVE ROOT ENTRY ZONE WITH DISTORTION OF NERVE IMAGE



B: POST MICROVASCULAR DECOMPRESSION OF NERVE WITH NO FURTHER NERVE DISTORTION



patient either in a park bench or lateral position. A piece of padding (Teflon) is often placed between the nerve and the vessel. Overall 70-80% of patients can become pain free post procedure.

Image A shows distortion of the left trigeminal nerve by the left superior cerebellar artery. Image B shows reflection of left superior cerebellar artery away from left trigeminal nerve with no nerve distortion.

Percutaneous approaches for neuralgic pain include radiofrequency (RF) ablation, balloon compression and glycerol injection. Overall initial success rate can be between 50-90%, however patients can often experience excessive sensory deficit such as numbness as a main side effect. Overall recurrence rate is approximately 25%. RF ablation is used for TN as well as occipital neuralgia and

has some distinct advantages over the other approaches. It can be administered as either pulsed or lesion. Intraoperative sensory and motor testing can be performed. The needle is smaller in calibre and therefore is less traumatic. It is performed as a day procedure and patients recover well to go home the same day.

There are many surgical strategies available that can be effective in managing a patient with severe craniofacial pain. Patients will require thorough consultation and with appropriate treatment can often lead to successful outcomes. This can result in significant positive impact on their overall quality of life. All of the above surgical treatment techniques described are available through Brizbrain and Spine.



**Dr Norman Ma**  
**Neurosurgeon and Spinal Surgeon**  
 BrizBrain & Spine  
 Suite 20, Level 10  
 Evan Thomson Building  
 24 Chasely St, Auchenflower QLD 4066  
 Telephone (07) 3833 2500  
[www.brizbrain.com.au](http://www.brizbrain.com.au)



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# Genetic testing in the spotlight

Advances in the understanding of how our bodies work are coming more rapidly than ever before. Increasingly, it seems that these discoveries are linked to understanding how the genetic information locked inside DNA molecules exerts its effect on an organism.

Genomics is the name given to this area of medicine and it strives to understand how an organism's DNA (genome) drives the production of proteins which in turn make up organs or become messenger proteins that can amplify, diminish or even turn off the production of other targeted proteins.

**Genetic disease results from having inherited faulty genes. Many of these conditions are autosomal recessive and require 2 defective genes (one from each parent, who typically do not display any of the disease symptoms) for the resultant child to have the genetic disorder.**

The most common genetic disease in our Caucasian population is cystic fibrosis. It affects the body's ability to absorb nutrients and also causes production of thick mucus which can lead to chronic lung disease. Fragile X syndrome can lead to intellectual disability and behavioural problems and spino-muscular atrophy leads to progressive degenerative muscle disease frequently leading to early death.

Ideally, women in the first trimester of pregnancy or, prior to starting a family, should be made aware of available genetic

tests to see if they carry these three genetic conditions. If found to be a carrier, further testing can be offered to find out if her baby is affected and in this way, better inform the woman of her choices including, whether she continues with the pregnancy.

While this level of genomic testing is recommended by both government and standards bodies, there is no Medicare funding for these tests and women who choose to have them need to pay them out of their own pocket.

The technology exists for many more gene tests to be undertaken with so-called "extended panel" tests examining hundreds of genes commercially available now.

This level of genomic testing is welcome and may bring some much needed answers to couples grappling with inheritable disease and a desire to start a family with children free from what can sometimes be terrible afflictions.

If not already available, it won't be long before parents can also select embryos to be implanted with desirable eye or hair colour, IQ and even body shape. Sex selection, although available overseas is currently illegal in Australia.


The science of genomics will continue to give us increasing amounts of information. The challenge we as a society face, is how best to use this information and with whom the responsibility lies for its use.

I believe this decision should not be left solely to the medical profession and should involve members of the population at large. Deciding which genes are passed on to the next generation is a complex ethical issue. While avoiding disease carrying genes may be less controversial, other uses of the technology are more difficult and require input from the general population, community leaders and politicians.

Science can tell us which genes we can detect and choose to pass on, but society as a whole needs to be involved in deciding whether we should.



**A/Prof Gino Pecoraro**  
**Obstetrician and Gynaecologist**  
 The Wesley Hospital  
 Telephone (07) 3839 5383  
 Email [pecoraroreception@bigpond.com](mailto:pecoraroreception@bigpond.com)  
[www.ginopecoraro.com.au](http://www.ginopecoraro.com.au)



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### Office Locations

Aspley Office:

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City Office:

2/376 George Street, Brisbane Queensland 4000

### Contact

David Leddy BBus CPA MTMA ACIM  
Managing Director

Email

davidl@dlapartners.com.au

Phone

07 3863 9444

For more information please visit our website at [www.dlapartners.com.au](http://www.dlapartners.com.au)



# Adjunctive Glucocorticoid Therapy in Patients with Septic Shock

Sepsis syndrome has no proven pharmacological therapy and the mortality associated with septic shock, the most severe form of sepsis is about 30%. Whether corticosteroids favourably influence mortality in septic shock is a question that has vexed clinicians for over 60 years.

The ADRENAL trial investigated the role of adjunctive hydrocortisone in reducing mortality in patients with septic shock and the results of the trial will influence clinical practice. The ADRENAL trial, designed with 90% power to detect a 5% lowering of 90-day mortality (primary outcome), is the largest (3800 patients) septic shock study ever conducted to date. It was multicenter (69 sites) and multinational (5 countries – Australia, New Zealand, UK, Denmark, Saudi Arabia), allowing generalizability of results.

There was no difference in 90-day mortality between steroids and placebo - overall and in 6 a priori subgroups. The use of steroids was clearly associated with a) reduction in duration of shock b) earlier time to liberation from mechanical ventilation c) earlier time to discharge from ICU and d) reduced requirement for blood transfusion, all of which are important patient centred secondary outcomes. The adverse effects profile of steroids did not impact on the patient centred outcomes. In addition to the clear demonstration of improved patient-centred outcomes with the use of hydrocortisone, the reduced length of stay in ICU has implications for ICU bed availability and triage. There may be significant health economic implications both in Australia and globally. The cost of a 7-day course of hydrocortisone varies between \$20 - \$125 depending

on the geographic location. A 1-day reduction in ICU length of stay will translate to cost savings of \$1000-\$4000. The combination of improved patient outcomes and ICU bed availability, potential health economic benefits coupled with minimal adverse effects will result in change of guidelines and influence clinician behaviour.

In view of the significance of the clinical question addressed, the meticulous design, conduct, analysis and impact of its results on health care, the ADRENAL trial was published in the New England Journal of Medicine and selected by its editors as one of the top 12 trials of 2018 and listed in its “most notable” collection as being the most meaningful in improving medical practice and patient care

Read the full version here: [www.nejm.org/doi/full/10.1056/NEJMoa1705835](http://www.nejm.org/doi/full/10.1056/NEJMoa1705835)

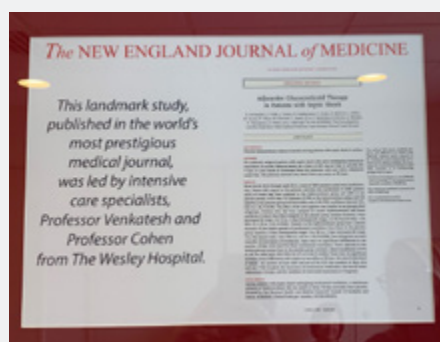
- 1) Venkatesh B, Finfer S, Cohen J, Rajbhandari D, Arabi Y, Bellomo R, Bilot L, Correa M, Glass P, Harward M, Joyce C, Li Q, McArthur C, Perner A, Rhodes A, Thompson K, Webb S, Myburgh J; ADRENAL Trial Investigators and the Australian-New Zealand Intensive Care Society Clinical Trials Group. Adjunctive Glucocorticoid Therapy in Patients with Septic Shock. *N Engl J Med*. 2018 Mar 1;378(9):797-808. doi: 10.1056/NEJMoa1705835. Epub 2018 Jan 19.
- 2) Notable articles of 2018. <http://cdn.nejm.org/pdf/Notable-Articles-2018.pdf>



Bala Venkatesh is Director of Intensive care at the Wesley Hospital, Pre-Eminent specialist in Intensive Care Medicine at the Princess Alexandra Hospital, Brisbane, Adult Medical Sepsis lead and Chairman Statewide Sepsis Steering Committee, Queensland Health, Professor of Intensive Care Medicine at the University of Queensland, and at the University of New South Wales, and Professorial Fellow at the George Institute for Global Health, Sydney Australia. He served as the President for the College of Intensive Care Medicine of Australia and New Zealand between 2014-2016.

He is the Principal Investigator of the NHMRC funded multi-center international ADRENAL trial which is largest septic shock trial to date. This was published in the New England Journal of Medicine in 2018 and was voted as the top 12 trials of 2018.

Prof Venkatesh has recently received the honour of his work being voted as one of the top 12 trials of 2018 and listed in its “most notable” collection as being the most meaningful in improving medical practice and patient care in the renowned New England Journal of Medicine. Prof Venkatesh is the Principal Investigator of the NHMRC funded multi-centre international ADRENAL trial which is largest septic shock trial to date. Well done on a truly dedicated achievement.



# Personalised Screening at The Wesley Breast Clinic

For a long time we have known that “One Size fits all” is not always appropriate. For many years we have tailored screening and diagnostic pathways based on each individual patient.

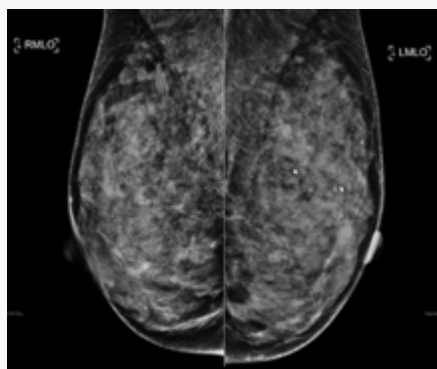
## BREAST DENSITY ASSESSMENT

- Breast density is the percentage of breast parenchyma vs fibroadipose tissue in each breast

High mammographic breast density is known as one of the strongest independent risk factors for the development of breast cancer. Over 40% of Australian women are thought to have high breast density and are 2 – 6 times more likely to get breast cancer compared to women with lower breast density.

Not only does breast density increase breast cancer risk but high breast density reduces the sensitivity of the mammographic examination, meaning small cancers are more often not visible in a dense breast compared to a non-dense breast – a double whammy!!

- Low breast density means increased mammographic sensitivity for breast cancer detection and a lower inherent risk of breast cancer



HIGH DENSITY BREASTS

Having an objective measurement of breast cancer density helps us direct our patients to the most appropriate screening protocols for each individual woman.

Just over 12 months ago the Clinic purchased “Volpara” breast density volumetric measurement software. This software provides an objective measurement of breast density vs a subjective “reader dependant” assessment of breast density. This information can be used to assess the need for adjunct investigations such as breast ultrasound. For example, women whose breast density is low, are adequately screened with mammography alone as the sensitivity of the mammogram in these circumstances is high. Conversely, those women who have an elevated breast density are recommended to undergo bilateral breast ultrasound, as well as mammography, in order to identify smaller malignancies masked by dense parenchyma.



LOW DENSITY BREASTS

## RISK ASSESSMENT PROTOCOLS

The Medical Officers at the Wesley Breast Clinic are currently undertaking risk assessment evaluations on selected patients using the “Tyrer Cuzick Risk Assessment Model”.

The Tyrer Cuzick model is a well studied, widely available model for estimating breast cancer risk. The model includes a comprehensive set of variables and it is one of the most sensitive of all models for estimating the risk of breast cancer. It is the only model to account for both personal and extensive family history risk factors.

The tool stratifies patients into 3 categories:

- 1. Low**  
population risk of breast cancer
- 2. Medium**  
between 1.5 times population risk and 25% lifetime risk of breast cancer
- 3. High risk**  
>25% lifetime risk of breast cancer

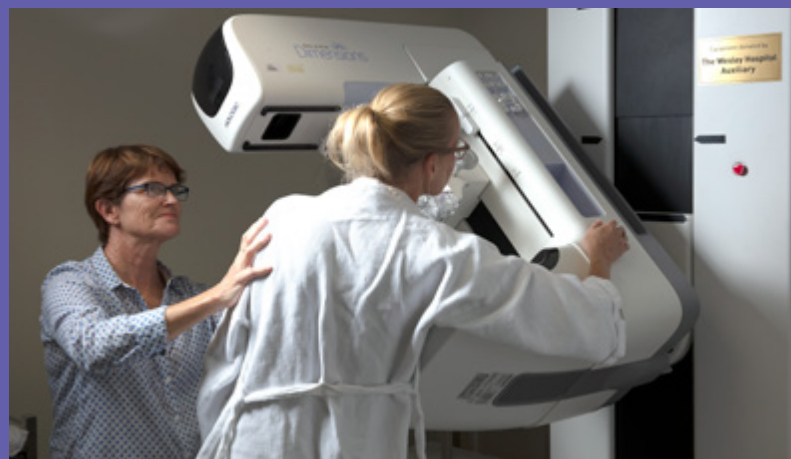
Once stratified, each patient can have a personalised screening protocol developed and implemented which may include –

- Mammography
- Mammography + ultrasound
- Mammography + ultrasound + MRI

Further discussion can then take place with respect to genetic testing or the need for risk reducing medication (such as Tamoxifen) or surgery.

These findings can be tailored to each individual woman, giving them the best chance of finding and treating a breast cancer in its earliest stage.





The Wesley Breast Clinic is well placed to offer our patients comprehensive breast care with all modalities of breast imaging available as well as biopsy capability in all modalities including MRI.

The Wesley Breast Clinic offers:

- + Most assessment completed in a single visit with pathology results available the next day
- + Multidisciplinary care – all images are reviewed by 2 readers
- + Highly skilled, experienced clinicians, radiologists, surgeons, mammographers, sonographers and nurses who have all undergone dedicated breast medicine and imaging training
- + High quality, state of the art breast imaging equipment including mammography, tomography (3D), breast ultrasound and breast MRI

- + Biopsy capability available in all imaging modalities
- + Prompt communication to referring doctors with reports sent by Medical Objects with a hyperlink to images performed during the patient's visit
- + Urgent appointments always available in 24 – 48 hours – GP Hotline, for use by referring Doctors only, direct to Appointment Supervisor – 07 3232 7085

**The Wesley Breast Clinic offers comprehensive, tailored accurate breast care for both asymptomatic (Screening Clinic) and symptomatic (Diagnostic Clinic) women.**





# The Care Continuum

A local GPs perspective of comprehensive  
care at The Wesley Hospital



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Along with my business partner Dr Fiona Raciti, I founded Family Doctors Plus in 2015, and we opened our Windsor clinic in 2016. We were driven by a shared passion to change the way that general practice and primary health care is delivered.

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Disillusioned with the proliferation of ‘five-minute medicine’, which sacrifices time spent with patients in favour of optimising throughput, we felt that the role of health professionals should include educating the community. We wanted to empower people to take charge of their wellbeing, and we wanted to focus on preventing disease as well as treating it.

The value that we place on professional collaboration at Family Doctors Plus has been crucial to our success.

Our doctors and nurses work alongside allied health professionals including speech pathologists, occupational therapists, psychologists and others to deliver comprehensive care to our patients. Family Doctors Plus also hosts 6 visiting non-GP specialists including urologist A/Prof Troy Gianduzzo. These professionals are not only our tenants; they’re partners who share our goals. Approaching patient care in a collaborative way is vital if we are going to shift paradigms around general practice.

We extend this approach to our working relationship with The Wesley Hospital. We are always confident that our patients, regardless of their age or condition, will receive excellent care both as inpatients and through the emergency department of The Wesley.

It’s important to us that The Wesley’s values echo our own. Their mission statement speaks of the values of compassion and empathy as routes to holistic care. They honour diversity and the contribution of others. They recognise the benefits of teamwork and partnership, encouraging innovation and supporting learning.

All of these elements are also central to our work as community GPs. We believe strongly in creating a continuum of care that begins with general practitioners, extends to non-GP specialists and allied health professionals, and carries through to the hospital environment. This is part of our vision of holistic health care.

We collaborate with The Wesley in many ways to serve the families in our community. As a GP with a special interest in helping pregnant women, I confidently recommend The Wesley and their obstetric and paediatric team to my patients, knowing that they will receive optimal care during their pregnancy, birth and recovery. I know that they will have access to expert lactation consultants and physiotherapists, so that they can return home confidently with their newborn – my new patient.

Many of our patients also use the breast screening services at The Wesley Hospital Breast Clinic.

As appointed medical advisors conducting medicals for coal mine workers, we draw on the expertise of

radiologists based at The Wesley, such as Dr Katrina Newbigin. We are also fortunate to have had specialists from the hospital, such as urologist A/Prof Troy Gianduzzo, visit our clinic to conduct education sessions with our GPs.

As health professionals, we all benefit from the active exchange of knowledge and a collaborative attitude to health care. But the biggest winners of all are undoubtedly our patients.



Dr Maria Boulton is a GP and Director of Family Doctors Plus, Windsor. Family Doctors Plus was awarded the 2017 Telstra Qld Business of the Year Award. Dr Boulton was a finalist in the 2018 Brisbane Lord Mayor’s Business Award in the Businessperson of the Year category. She is the author of “Mum’s Guide to Pregnancy” and is a regular guest on ABC Radio.



# Meet our new Visiting Medical Practitioners



**Dr Darren Marchant**  
Orthopaedic Surgeon

Dr Darren Marchant is a hand and upper limb surgeon with the Brisbane Hand and Upper Limb Clinic, practising out of The Wesley Hospital and Brisbane Private Hospital. After completion of his fellowship training in Orthopaedic surgery locally in 2006, Dr Marchant undertook two years of extensive subspecialised training in upper limb surgery. The first of these appointments was at the University of Texas Health Science Centre in San Antonio under the supervision of Professor Charles Rockwood and Professor Michael Wirth. The focus of this fellowship experience was shoulder surgery particularly with reference to arthroplasty and arthroscopic procedures. This fellowship exposure included experience in all aspects of shoulder surgery, but including extensive experience with both elective procedures and the management of shoulder trauma.

The second year of fellowship training was completed in Sydney at the Royal North Shore Hospital. This fellowship included ongoing training in shoulder surgery, as well as subspecialised training in surgery involving the elbow, hand and wrist including extensive microsurgical and reconstructive training.

Dr Marchant's practice incorporates all aspects of upper limb assessment and surgical management, including shoulder, elbow, hand and wrist. Dr Marchant also has an added interest in the treatment and management of sporting injuries and restoring function to allow patients to return to their normal daily activities or high level activities with respect to sport or professional requirements. In addition to elective surgery, including arthroplasty of the shoulder and all other elective procedures in the upper limb, Dr Marchant also has a continuing interest

in trauma management and offers urgent appointments for acute injuries.

Dr Marchant and his team strive to provide comprehensive medical care for upper limb injuries and conditions from examination and diagnosis through to treatment and rehabilitation. We have on-site rehabilitation therapists and radiology services which complement our clinic to offer expert care and attention with minimal delay to provide optimal results for all patients.

All appointments can be arranged by calling (07) 3834 6272 Monday to Friday between 8am and 5pm, or via our website [www.drdarrenmarchant.com.au](http://www.drdarrenmarchant.com.au) or email [dmooffice@upperlimb.com](mailto:dmooffice@upperlimb.com). After hours service and care is also provided by calling the office number above at which point you will be directed to a paging service that can contact Dr Marchant 24hrs a day.

**Dr Darren Marchant**  
**Orthopaedic Surgeon**

Level 9, 259 Wickham Terrace  
Brisbane QLD 4000

Wesley Sessional Rooms will open in  
January 2019

T 07 3834 6272

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E [dmooffice@upperlimb.com](mailto:dmooffice@upperlimb.com)

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**Dr Anna Sellbach**  
Neurologist

Dr Anna Sellbach is a neurologist with particular interest in movement disorders and neurodegenerative disease.

She completed her medical degree at the University of Queensland in 1999 and completed physician training at the Royal Brisbane and Womens' Hospital and Princess Alexandra Hospital, obtaining specialist qualifications in neurology in 2007. She was awarded the ANZAN overseas fellowship at the John Radcliffe Hospital in Oxford, UK where she spent 12 months working in internationally recognised movement disorder / DBS and neuroimmunology services.

On her return to Brisbane in 2009, Anna commenced private practice and was fortunate to work with a team specialising in the management of movement disorders and related conditions. She had extensive exposure to the complex issues which emerge in management of these conditions including those relating to management of deep brain stimulation (DBS) and botulinum toxin therapy.

She is now excited to commence her practice Think Neuro, based at the Wesley Medical Centre. She will continue to try helping patients faced with complex neurological conditions.

**Dr Anna Sellbach**  
**Neurologist**

Wesley Medical Centre  
Suite 28

40 Chasley Street  
Auchenflower, 4066

T 07 3107 1680

F 07 3539 9867

E [admin@thinkneuro.com.au](mailto:admin@thinkneuro.com.au)

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





**Dr John Roe**  
Orthopaedic Surgeon

Dr John Roe is an orthopaedic surgeon based in the Wesley Orthopaedic & Sports Injury Clinic at The Wesley Hospital in Brisbane, Australia.

Dr Roe is a fellowship trained knee surgeon who focuses on all conditions around the knee including sports injuries, knee arthritis, primary and revision knee replacement along with trauma around the knee. He also addresses knee cartilage injury including meniscal repair and meniscal transplantation. His other interests include hip arthritis and lower limb orthopaedic trauma.

In his private practice he operates at The Wesley Hospital in Auchenflower in Brisbane while he maintains a public appointment at the Royal Brisbane and Womens Hospital.

Dr Roe was educated at the University of Queensland, and graduated with a Bachelor of Science and Bachelor of Medicine/ Bachelor of Surgery. He was awarded his Doctor of Philosophy from the Queensland University of Technology in 2012. Dr Roe received his Fellowship in Orthopaedic Surgery with the Royal Australasian College of Surgeons in 2018 and was accepted as a Fellow of the Australia Orthopaedic Association in the same year. He completed the prestigious BOSMC Orthopaedic Fellowship focusing on sports orthopaedics and knee surgery under the mentorship of Dr Peter Myers.

**Dr John Roe**  
Orthopaedic Surgeon

Wesley Orthopaedic and Sports  
Injury Clinic  
Level 3, Suite 71,  
Sandford Jackson Building  
30 Chasely Street  
Auchenflower Qld 4066  
T 07 3870 1900  
E jroe@wosic.com



**Dr Kin Kwong**  
Respiratory and general  
physician

Dr Kwong is a well-trained respiratory and general physician in Hong Kong. He has immigrated to Australia since May 2017 and worked in Port Macquarie (NSW) and Darwin (NT) before he came to Brisbane.

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

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

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

**Dr Kin Kwong**  
Respiratory and general physician

Level 9, 259 Wickham Terrace  
Brisbane QLD 4000  
Wesley Sessional Rooms will open in  
January 2019  
T 07 3834 6272  
F 07 3834 6757  
E dmoffice@upperlimb.com  
W www.drdarrenmarchant.com.au



**Dr Kevin Chan**  
General Surgeon

Dr Kevin Chan is a General Surgeon operating at The Wesley Hospital. He specialises in Upper Gastrointestinal Surgery and Bariatric Surgery.

Dr Chan trained and worked as a pharmacist prior to completing his Bachelor of Medicine, Bachelor of Surgery degree at the University of Queensland in 2008. He gained his FRACS (General Surgery) in 2015 before undergoing further fellowship training in Upper Gastrointestinal Surgery through the Australian and New Zealand Gastric and Oesophageal Surgery Association (ANZGOSA) post-fellowship training program.

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

Dr Chan's special interests are reflux disease, upper gastrointestinal oncology and bariatric surgery. He is a member of ANZGOSA, ANZMOSS and GSA and continues to keep abreast with developments in upper gastrointestinal and bariatric surgery by attending local and international conferences. He currently holds a VMO post at the Royal Brisbane & Women's Hospital, operating privately at The Wesley Hospital and consults from private practice rooms at Chermshire.

**Dr Kin Kwong**  
Respiratory and general physician

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Brisbane QLD 4000  
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T 07 3834 6272  
F 07 3834 6757  
E dmoffice@upperlimb.com  
W www.drdarrenmarchant.com.au



**Dr David Mitchell**  
General Surgeon

Dr David Mitchell is an Upper Gastro-intestinal, Bariatric and General Surgeon based in Brisbane. Dr Mitchell consults and operates at The Wesley Hospital, St Andrew's War Memorial Hospital and St Vincent's Private Hospital Northside.

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

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

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

**Dr David Mitchell**  
General Surgeon

St Vincent's Private Hospital Northside  
Level 1, 627 Rode Rd  
Chermside QLD 4032  
T 07 3350 2533  
F 07 3350 2511  
E [info@totaluppergisurgery.com.au](mailto:info@totaluppergisurgery.com.au)



**Dr Raymond Bahn**  
Clinical Haematologist

Dr Bahn takes a measured, compassionate and empathetic approach to caring for his patients. He brings a wealth of experience to his practice and helps patients navigate often complex issues, supporting them every step of the way.

Dr Raymond Bahn consults at Icon South Brisbane and Wesley and also holds consultations at Sunnybank Specialists Suites. He graduated from the University of Western Australia in 1998 and completed his postgraduate training in Perth, receiving Fellowships to the Royal Australian College of Physicians and Royal Australasian College of Pathologists in 2007. He was awarded a Leukaemia Foundation Fellowship to undertake research in Chronic Lymphocytic Leukaemia at the Princess Alexandra Hospital and was subsequently appointed Staff Specialist at the Mater Adults Hospital in 2008.

He has held a number of senior positions, including as Director of Clinical Haematology (Head of Unit) as well as Director of the Stem Cell Transplant and Laboratory Service at Mater Hospital. His clinical practice in both public tertiary level care and private practice, has given him broad experience in both malignant and non-malignant haematology including lymphoma, leukaemias (particular interest in CLL), myeloma, myelodysplasia, myeloproliferative disorders (eg. CML) and autologous stem cell transplantation. He also has experience in managing obstetric haematology, red cell disorders (being responsible for the care of the largest Thalassemia service in Queensland) and complex thrombosis and haemostasis.

Dr Bahn is a Senior Lecturer with the University of Queensland, a past Chair and member of the Mater Medical Education Committee and has undertaken teaching and clinical supervision including as examiner for medical students and post-graduate trainees. Dr Bahn has extensive experience in research at the Mater Hospital including as Chair of the Haematology Research Unit and as Principal Investigator in many multinational trials.

Clinical safety, quality and evidence-based care is a passion for Dr Bahn. He has had extensive involvement in quality activities, including as Chair of the Transfusion Committee and involvement in review and writing of clinical guidelines. Dr Bahn brings a wealth of experience in managing patient centred and cost-effective care, helping patients to navigate often complex issues with care and empathy. When not at work he enjoys travelling, electronic gadgets and spending time with his family (and meeting the demands of his daughter).

**Dr Raymond Bahn**  
Clinical Haematologist

Wesley Medical Centre  
1/40 Chasely St, Auchenflower QLD 4066  
T 07 3350 2533  
F 07 3737 4601  
E [admin.wesley@icon.team](mailto:admin.wesley@icon.team)



# Meet doctor Tuan Ha

## GenesisCare radiation oncologist

### Professional Profile

Dr Tuan Ha is a consultant Radiation Oncologist with GenesisCare Queensland, he completed his Bachelor of Medicine Bachelor of Surgery (MBBS) at the University of Queensland in 2007.

Dr Ha was awarded Fellowship to the Royal Australian and New Zealand College of Radiologists (FRANZCR) in 2015.

After obtaining his Fellowship, Dr Ha worked as a Radiation Oncologist on the Fraser Coast, where he developed a special interest in rural and regional oncology, he continues to work to improve access to radiation oncology services within rural and regional Queensland.

Dr Ha also holds a Bachelor of Biomedical Science from the University of Melbourne.

Dr Ha is an senior lecturer and examiner for the University of Queensland School of Medicine as well as the Royal Australian College of Radiologists.

He continues his advocacy work for the Royal Australian and New Zealand College of Radiologists as a member of the Economics and Workforce Committee.

Dr Ha is a volunteer with St Johns Ambulance as a community medical officer and was awarded the 2011 Queensland Disaster Hero Medal for his work during the 2011 Queensland floods.

Dr Ha treats all malignancies and has specific interest in palliative medicine and the treatment of brain, lung, skin, head and neck cancers.

Tuan is keen to engage with the medical community and is open to clinical meet and greets and or lunch educational meetings.



**Dr Tuan Ha**  
BSc, MBBS, FRANZCR

**Special clinical interests in**  
urological, breast,  
gastrointestinal, lung, skin, head  
and neck malignancies,  
palliative and general oncology

**Consults at:**

- Rockhampton
- Wesley Medical Centre

**Languages:**

- English
- Vietnamese

**Did you know?**

Tuan is married with a young son and is a Joey Scout Leader, helping the next generation develop leadership skills and a sense of community from a young age.

**All Enquiries:**

**T: 07 3377 4200**

**E: [receptiononcologywesley@genesiscare.com](mailto:receptiononcologywesley@genesiscare.com)**



# ‘MUMS & BUBS’

## POSTNATAL EXERCISE CLASSES

Classes can be commenced from six weeks after the birth of your patients baby, once they have been cleared by their obstetrician and/or pelvic floor physiotherapist.

Our classes provide:

- + back care
- + core stability training
- + pelvic floor muscle training
- + postural awareness
- + low impact mat work and strength training with pelvic floor safe exercises
- + flexible, personalised programs
- + an opportunity to meet other new mums
- + an opportunity to gain information in an informal and interactive environment

### CLASS INFORMATION

Classes are offered as a 6-week block and are run on Thursday mornings from 9.30-1030am.

#### Dates

July 4 – August 8

August 29 – October 3

October 24 – November 28

#### Location

Day Rehabilitation Unit, East Wing, Floor B1,  
The Wesley Hospital

#### Cost

\$150 for 6 week program. Health fund rebates may apply (check with your Health fund)

All classes are run by an experienced Women's Health physiotherapist.

Parking is available on site for a subsidised rate. Currently \$3.60 for < 2hour stay.



For more information on our postnatal exercise classes, or to make a booking phone **The Wesley Hospital Physiotherapy Department** on **07 3232 6190**.