

BEST PRACTICE

THE LATEST IN BEST PRACTICE AT ST ANDREW'S WAR MEMORIAL HOSPITAL

JUNE 2014 | ISSUE 6



*St Andrew's wins
Press Ganey Associates 2014
Success Story Contest*

IN THIS ISSUE

- Cutting edge research and clinical practice
- Special feature on StAMPS
- Customising surgical techniques in joint replacement surgery

Update

Queensland's first private hybrid theatre now operational at St Andrew's

Welcome back to this edition of St Andrew's War Memorial Hospital's *Best Practice* which will continue to showcase medical innovation and the outstanding clinical services offered by our visiting medical practitioners (VMPs).

I am proud to announce that our new state-of-the-art Hybrid Theatre, the first such theatre in a private hospital in Queensland, is now fully operational. The \$3 million Hybrid Theatre is part of a \$5 million project to redevelop and upgrade the hospital's operating theatre facilities. The new Hybrid Theatre is equipped with sophisticated medical imaging technologies which allow specialists to perform highly complex surgeries through small incisions, resulting in less discomfort, faster recovery times and fewer risks for patients with multiple medical conditions.

I'd like to take the opportunity to welcome some of our new VMPs to the St Andrew's family including Dr Maarten Kamp (Endocrinologist), Dr Paul McEniery (Orthopaedics) and



Dr Christian A.C. Rowan

MBBS (Qld) MDipTrade (Mon) FRACGP

FARGP FACRRM FRACMA FACHAM (RACP)

Deputy Chief Medical Officer – UnitingCare Health

Director of Medical Services – St Andrew's War Memorial Hospital

Dr Mark Paine (Neurologist and Neuro-Ophthalmologist).

I'd also like to wish Helen Whelan, Business Development Manager, well as she leaves us. Helen will still be seen around the hospital working on special projects.

I hope to catch up with some of you in person at one of our upcoming CPD meetings before the end of the year.

~~ST ANDREW'S GALA 2014~~

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VMP Profiles



Dr Maarten Kamp

MBBS FRACP MHA FAICD
Endocrinologist
T 07 3831 6202

Dr Maarten Kamp has over 25 years experience as an endocrinologist. He studied at University of Queensland and trained at Princess Alexandra Hospital, finishing endocrine

training at Royal Prince Alfred Hospital, Sydney. He worked in private practice at the Gold Coast, spent 10 years in

Tasmania and returned to Queensland in 2004. He has held many senior roles, most recently as Director of Chronic Disease Strategy in Metro North. He is a Past President of the Australian Diabetes Society and current President of Diabetes Queensland. His main clinical interests are in management of all aspects of diabetes in teenagers and adults and general endocrinology in adults.

Since returning to Queensland in 2004, Maarten has held a number of senior roles, with diverse interests in clinical practice improvement, chronic disease management and has remained active in clinical research, including ongoing trials in diabetes management in primary care.



Dr Paul McEniery

MBBS FRACS (Orth)
Orthopaedic Surgeon
T 07 3831 6202

Dr McEniery is a Queensland trained orthopaedic surgeon. After completing his fellowship in 2011, he worked as a staff specialist at QE2 Hospital before undertaking a fellowship

in hand surgery at the Royal North Shore Hospital and Westmead Children's Hospital in Sydney.

Dr McEniery is a visiting medical officer at Royal Brisbane, Royal Children's and St Andrew's Hospital and participates in their upper limb on-call rosters.

Dr McEniery enjoys the challenges of trauma along with managing general upper limb conditions and looks forward to being of service to patients and General Practitioners in Brisbane.



Dr Mark Paine

MBBS FRACP
Neurologist
T 07 3832 5033

Dr Mark Paine graduated from the University of Melbourne in 1986 and completed basic physician and neurology advanced training at Royal Melbourne Hospital and St Vincent's Hospital, Melbourne.

He underwent further sub-specialist training in neuro-ophthalmology and neuro-otology in the UK at the National Hospital for Neurology & Neurosurgery, Queen Square, London and at Moorfield's Eye Hospital, London.

From 1996 until 2014, Dr Paine worked as consultant neurologist/neuro-ophthalmologist at St Vincent's Hospital (SVH) and the Royal Victorian Eye & Ear Hospital (RVEEH) Melbourne. From 1997-2013, Dr Paine served as Head of Vestibular clinic and Vestibular investigation unit at RVEEH and from 2008 – 2013 Dr Paine was Head of Neuro-ophthalmology Unit at RVEEH and from 2006 – 2013. Dr Paine was Head of Neuroimmunology clinic at St Vincent's Hospital.

Dr Paine is also Honorary Secretary/Treasurer of Neuro-ophthalmology society of Australia and is now a Visiting Medical Practitioner at St Andrew's War Memorial Hospital.

A small hospital kicking some big goals:

Press Ganey Award for Australian Success Story 2014

St Andrew's War Memorial Hospital has been announced as the winner of the Press Ganey Associates 2014 Success Story Contest. Press Ganey is an internationally recognised health sector research group who focus upon the gathering and analysis of patient care data and their Managing Director, Mr Terry Grundy notes that:

"(St Andrew's) dedication and unique program we believe will contribute significantly to continuous quality

"(St Andrew's) dedication and unique program we believe will contribute significantly to continuous quality improvement in healthcare. It is fantastic to see such passion and enthusiasm and that quality improvement is alive and well at St Andrew's"

improvement in healthcare. It is fantastic to see such passion and enthusiasm and that quality improvement is alive and well at St Andrew's"

St Andrew's War Memorial Hospital is a special place, with core values underpinning a vision to provide our patients and their families with First Class Treatment and World Class Results. St Andrew's achieves this vision by attracting the best medical practitioners, providing them with excellent resources

and meticulously auditing our patient outcomes.

St Andrew's has achieved some remarkable milestones in its history. We were the first private hospital to have an intensive care unit and a coronary care unit. We were the first private hospital in Queensland to house a Hybrid Operating Theatre that merges conventional operating theatre components with advanced imaging technology, enabling surgeons to perform highly complex surgery in minimally invasive ways.

St Andrew's War Memorial Hospital is well known for its ground breaking care in clinical areas such as cardiology and cardiac surgery, orthopaedics, neurosurgery (including Deep Brain Stimulation), internal medicine, general surgery, vascular surgery, ear, nose and throat (ENT), gynaecology and rehabilitation. St Andrew's has also pioneered an Australian first, a Pelvic Medicine Centre, an integrated multidisciplinary service for patients with pelvic floor dysfunction.

The primary reason why St Andrew's is in a position to continuously provide outstanding services and outcomes for patients are its' people. The way we treat our patients, the way we partner with our doctors and the way we treat each other, is at the cornerstone of our philosophy and our practice. But there is always room for improvement, so in 2011, St Andrew's



DR PHILIP HALL WITH ST ANDREW'S THEATRE STAFF



STAFF FROM THE ENDOSCOPY UNIT

initiated a hospital wide review of its delivery of patient services.

St Andrew's commenced a process of critical reflection on patient service delivery through Press Ganey and the results speak for themselves. The objective data from Press Ganey surveys across a wide range of service delivery criteria suggested that broadly speaking, St Andrew's was a good hospital doing well, but we needed St Andrew's to perform as an excellent hospital with patient-centred service delivery at the epicentre of its mission. In response to the base-line data collected by Press Ganey in 2011, hospital management developed a wide-ranging program of reforms to take St Andrew's patient care to the next level of excellence.

Director of Nursing, Ms Rosie White observed that:

"We felt that in order to remain competitive in this challenging environment that we needed to make fundamental changes to the way we were delivering our personalised health care services. And this personalised patient-centred service is predominantly driven by nurses and nursing care."

In August 2011, the Press Ganey overall percentile rank trend analysis positioned St Andrew's in the fiftieth percentile of private hospitals in Australia. Half of the nation's private hospitals were worse than

us, but half of them were better. In-patient surveys across a broad range of criteria ranging from pre-admission processes, room cleanliness, food quality, nursing care, staff communication, comfort for visitors and the satisfaction with which staff were able to address the emotional and/or spiritual needs of the patient were addressed.

There are a myriad of interconnected factors that influence the ability of a hospital to continuously perform against core criteria. In order for St Andrew's to grow its reputation for excellence in all areas of performance it needed to maintain and enhance its status as an attractive employer for health professionals, accelerate its rate of improvement and efficiency in clinical quality, improve patient safety, maximize cost control and outperform industry customer satisfaction results. And that's just the first step!

To this end, St Andrew's developed a whole-of-organisation program titled "Living Values" to deliver a top down analysis of every aspect of patient care and the independent results have been spectacular. There are a suite of outcomes that have grown directly from the nursing bundle with results such as a 5% improvement in accelerating patient satisfaction, a 38% reduction in falls per thousand bed days in the period since the Living Values program was introduced.

And in our goal was to maintain a voluntary turnover rate of less than 13%. By June 2013 voluntary turnover rate was steady at 6.5%. We have seen a 30% reduction in complaints regarding nursing care and an 80% increase in compliments for nursing care attitude.

Over the past three years St Andrew's has increased its ranking in all criteria of nursing care satisfaction including courtesy of the nurse, promptness of response to call button, nurses keep you informed, attention to personal needs and the nurses making an effort to include the patient in decision making.

St Andrew's General Manager, Mr Andrew Barron commented that:

"Prior to the design and implementation of the Living Values Program at St Andrew's War Memorial Hospital in 2007, we scored an overall percentile ranking of 50 against other private hospitals in Australia. In November 2013 St Andrew's achieved an overall percentile rank in private hospitals the 78th percentile, and in private hospitals with comparable bed sizes we rate in the 88th percentile placing us in the top four hospitals of our size in Australia."

The journey of rejuvenation is not over for St Andrew's War Memorial Hospital; the aim now is to be number one!

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Dr Ben Green
MBBS FRACS
Breast and Endocrine
Surgeon

Cutting Edge Research and Clinical Practice

It's plain sailing for this doctor

As a breast and endocrine surgeon working primarily with cancer surgery, Dr Ben Green divides his time between his clinical practice at St Andrew's War Memorial Hospital and his work in cancer research. Dr Green completed his medical training in Tasmania and despite his life-long passion for sailing he turned his back on the ocean to undertake his intern year in Canberra.

Following his surgical training in New South Wales and Queensland and the completion of his sub-speciality in breast and endocrine, Dr Green commenced his PhD at the University of Queensland within the Centre for Clinical Research. Dr Green is the lead researcher in a project studying the genetics and molecular reasons behind breast cancer.

"Following actress Angelina Jolie coming out in the media about her condition, the genetics of breast cancer plays particularly upon the minds of young people who are wondering if they have got the genes that predispose them to breast cancer."

Dr Green's research project is focussed primarily upon recurrence, specifically the monitoring of a patient's treatment response. The only current technique available for assessing whether a cancer has returned following treatment is by

using annual breast imaging techniques such as mammogram or ultrasound. The research that Dr Green and his team are undertaking is investigating whether the cancer is coming back via blood pathology, and long before any presence could be observed using imaging technology, allowing alternative treatments to commence much sooner.

"We're in the initial phases, we're looking for DNA that has been shed from the tumour floating in the blood so that we can extract it and assert that this belongs to the tumour.... so currently we are trying to optimise that process."

With publication of this type of data only being published in the last twelve months or so, the process is still very new and a long way from being proven, however the early signs are encouraging.

"It's very important to me to find a productive balance between my research and my clinical practice. I spend part of my week in molecular research dealing with test tubes and the other part of my week with my patients here at St Andrew's and it works very well."

Dr Green anticipates that within the next five years the technology that underpins the extraction of DNA will become much cheaper and much more readily available making this type of testing much more accessible.

And if his research heads in the direction that he hopes, Dr Green hopes that this type of testing will have an influential role in clinical practice. ■



DR BEN GREEN AT THE HELM IN THE 2011 SYDNEY TO HOBART YACHT RACE

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A/Prof Michael Muller
MBBS MMedSci FRACS
General Surgeon

Life is in the balance

Designing the future takes practice

As a country boy born in Murgon, and with two parents working in the state education system, Michael Muller spent his school-aged years toting his Globite school case with his parents to numerous Queensland country schools. Upon completing his secondary schooling at Gregory Terrace in Brisbane, Dr Muller completed his medical studies at the University of Queensland. Following six years in country general

2001 Dr Muller moved to Auckland and spent the next three years leading the establishment of the New Zealand National Burns Centre at Middlemore Hospital.

With the halcyon days of a country childhood now a cherished memory, Dr Muller is now a Professor with Bond University, an Associate Professor with the University of Queensland, Pre-

sectors is to know the patient's problem and to also have understanding of the patient's background.

Dr Muller has spent the last twenty years working in surgery for acute conditions and burns and emergency surgery of various persuasions, and RBH has provided an intense and rewarding forum for the development of his skills. However, the pressure cooker environment of emergency surgery can take its toll over the journey of a career and in an effort to orchestrate a more sustainable work-life balance; Dr Muller is scaling back some of his emergency and burns work to allow the inclusion of elective general surgery lists.

"At the beginning of last year, I felt that I was being boxed in, and doing less routine general surgery and skin cancer work which used to be an integral part of my practice."

Dr Muller hopes to maintain a presence in the public hospitals but has chosen to change emphasis and begin private surgical practice with the Spring Hill Specialist Group at St Andrew's War Memorial Hospital. It's in this environment, working alongside Dr Keith Towsey, that Dr Muller enjoys the discipline and rigour of scientific research that informs the work he is doing in complex abdominal wall reconstruction and the surgical repair of ventral hernia.

"If a patient is a keen golfer, I'd like to know that and talk to the patient about it before I perform their hernia surgery. If the patient relies upon their fitness to keep their young kids in tow, I'd like to know about it. The patient story is an important part of my surgical approach and you don't get this type of background unless you take the time to talk to your patients."

practice and regional hospitals, Dr Muller commenced his surgical training at the Royal Brisbane Hospital followed by a general surgery fellowship at Greenslopes Repatriation Hospital (in its Department of Veteran's Affairs days).

Dr Muller then travelled to Texas to complete an eighteen month clinical and research fellowship at Shriners Burns Hospital and in Galveston. In

eminent Staff Surgeon in General Surgery, Trauma and Burns at Royal Brisbane Hospital. In addition to Dr Muller's surgical and academic workload he is also the founding director of the Trauma Service at RBH and as a researcher, has published over ninety papers in national and international journals.

The cornerstone of Dr Muller's practice, whether it is in the public or private



A/PROF MICHAEL MULLER

According to a study published in 2011 (Annals of Surgery 2011;254 (4):558-568) trauma surgeons have one of the professions highest stress and burnout rates. Consequently, more surgeons may choose to follow Dr Muller's decision to balance a private general surgery with their public hospital commitments.

"It's enjoyable and very rewarding to be back doing elective general surgery again.... hernias, skin cancers, gall bladders. I love it! It's such a luxury to look at your list the day before and know what's coming." ■

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"At the beginning of last year, I felt that I was being boxed in, and doing less routine general surgery and skin cancer work which used to be an integral part of my practice."

Expanding role for St Andrew's GP Liaison Officer

Veteran clinical educator widens his horizons

St Andrew's War Memorial Hospital has been a leading provider of medical education in Queensland for over twenty years. From humble beginnings in the early 1990s, St Andrew's was the first private hospital to offer this service to the medical community.

In addition to evening seminar programs, St Andrew's was also the first private hospital to deliver weekend programs for general practitioners and allied health professionals. The weekend program has grown from strength to strength with its weekend programs delivering training to over 120 delegates (on average) on five separate weekends each year.

St Andrew's Continuing Professional Development (CPD) GP Liaison Officer is Dr Michael Gillman, a medical educator and general practitioner with an interest in Men's Health.



"One of the missions of the hospital is to provide medical education to doctors and the wider community so that fits into that. It's also a very useful way of letting the medical community know when new specialists come on board and when new technologies and procedures become available at St Andrew's."

Continuing Professional Development will continue to grow at St Andrew's with the inclusion of newer teaching modalities such as interactivity and smaller group tutorials already on the rise.

In addition to his work in Continuing Professional Development at the hospital, Dr Gillman has expanded his role to include that of triaging doctor with the newly established Pelvic Medicine Centre. By bringing together a range of specialists in the area of pelvic medicine, St Andrew's is able to provide a unique coordinated service for patients needing treatment with these conditions.

"My role as the triage doctor is to facilitate patient assessment, commence investigations and refer internally to the appropriate specialist, whether it's a urologist, gynaecologist or colorectal surgeon, so that the patient can arrive at the specialist's door sooner, with all of their results ready to commence further treatment."

The triaging role at the Pelvic Medicine Centre is a natural progression for Dr Gillman whose work in Men's Sexual Health and Medical Education provided



ABOVE AND LEFT: DR MICHAEL GILLMAN

him with a unique perspective for this challenging new role.

"It makes it easier for the GP to refer to an area of specialty knowing that their patients are going to be looked after without them having to coordinate all of the various investigations and referrals that may be needed." ■

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A little birdee told me...

Weekdays can test our patience and Monday mornings can hurt, but dwellers of St Andrew's are infinitely happier with a cup of creamy coffee in hand. Perched on Level 3 of the Spring Hill complex, Little Birdee caters to residents and guests with a strong focus on social and environmental sustainability and serving coffee with a focus on the coffee bean. Brewing Tim Adams Specialty Coffee, their baristas dedicate themselves to preparing and serving coffee to the highest standards, whilst sharing the current single origin offerings with their customers.

This outlet has only been open for a few weeks, but "little birdees" across Brisbane have already been chirping about the quality coffee and friendly service at this nest of gourmet delights. Having spent many years developing his knowledge at locally based coffee roasteries, general manager Daylan Isai brings a wealth of experience and a passion for brewing a darn good cup.

The locally roasted, award-winning coffees are served alongside a large range of lunch items to takeaway. Hungry patrons can pair their cuppas with the likes of a classic bruschetta or sourdough topped with avocado and feta, or something sweet like a toasted fruit loaf with ricotta and honey. Those in a hurry can peruse the large range of quiches, pies, cookies and wraps beckoning from the display cabinet.

Little Birdee supports sustainable and ethically responsible practices. They source, create and serve food and beverages that meet their values, along with reducing, reusing or recycling waste that's created along the way.

Based on the values of integrity, sustainability and authenticity, Little Birdee has been conceptualised to deliver a high quality and efficient service within corporate settings. For their customers, not only does it mean they can enjoy high quality food and drinks that are sustainable — but through Little Birdee's support of a local foundation — enjoying their breakfast, lunch or coffee



little birdee

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St Andrew's Multidisciplinary Pain Service (StAMPS)

We asked Genevieve Duffell, StAMPS Coordinator, about the multidisciplinary pain service offered at St Andrew's

Q1: Tell us a little about StAMPS, its background and what community/patient need led to its establishment

Answer: It is estimated that 1 in 5 Australians live with persistent pain. With that in mind the St Andrew's Multidisciplinary Pain Service was launched in October 2011, in collaboration with our Pain and Addiction Specialists. Since that time we have run 11 programs. We are available to anyone who has had pain for longer than 3 months, where healing has taken place but where pain persists. Our program is suitable for patients who have completed medical investigations and tried medical, surgical and therapeutic interventions. The pain can be anywhere in the body – not just back pain. Most of our patients have evidence of central sensitivity. Our program is based on the bio-psycho-social model with a focus on cognitive behavioural therapy, education on the neurophysiology of pain and graded physical activity.

Q2: I understand that StAMPS is an interdisciplinary centre. Could you outline these specialties and the role they play as a team in patient care?

Answer: Yes our program is interdisciplinary. We have a Psychologist, Occupational Therapist, Physiotherapist as well as input from a Dietician and a medication lecture from Dr Christian Rowan. Our Psychologist has an integrated approach based on Cognitive Behavioural Therapy, Mindfulness and Acceptance Commitment Therapy. The patients are also introduced to a variety of methods of relaxation techniques and strategies for improving sleep.

Our Occupational Therapists are very involved in goal setting by helping patients re-explore their values. There is a strong emphasis on the neurophysiology of pain and pacing or graded activity exposure.

The physiotherapist brings pacing and mindfulness into the gym. As well as more traditional strength, fitness and flexibility activities we also introduce some mindful movement such as Tai Chi.

The program includes Graded Motor Imagery which may involve left/right judgement training, Imagined Movements and sometimes Mirror Therapy. More recently we have included sensory retraining (where appropriate) as there is evidence that the presence of sensory disturbance can contribute to persistent pain.

“Shorter programs may educate patients but may not give the patient the opportunity to practice new ideas and report back on their experience.”



GENEVIEVE DUFFELL (PHYSIOTHERAPIST) AND ANNE NOBLE (PSYCHOLOGIST) FROM THE StAMPS PROGRAM AT ST ANDREW'S

Q3: What facilities and support does St Andrew's provide that makes StAMPS such a unique facility?

Answer: StAMPS is different from other programs in that the length and intensity of our program allows development of self-management techniques. Using guided practice the patients have time to learn strategies that can lead to neuroplastic and behavioural change. Shorter programs may educate patients but may not give the patient the opportunity to practice new ideas and report back on their experience.

Q4: Tell us a little bit some of the community and professional education programs that StAMPS are involved with.

Answer: The team at StAMPS are part of the South East Queensland Persistent Pain Special Interest Group. Our Occupational Therapists regularly teleconference with other OTs state-wide who specialise in persistent pain. Our Psychologist also regularly meets with other psychologists whose professional focus is persistent pain. ■

To make a referral to StAMPS simply email:
sawmh.preventionandrehab@uhealth.com.au

For more information regarding StAMPS contact:

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One Size Won't Fit All!

Customising Surgical Techniques in Joint Replacement Surgery



DR MICHAEL OTTLEY

Dr Michael Ottley is an Orthopaedic Surgeon based at Brisbane Hip and Knee Clinic at St Andrew's Hospital. Dr Ottley was born and raised in England and completed his medical training in Bristol before moving to Brisbane and completing his surgical and orthopaedic training in Queensland. Following completion of his training in 2010, Dr Ottley returned to the UK and completed a Hip and Knee Surgical

Fellowship at University College Hospital in London under Professor Fares Haddad. Following this work studying and performing more complex revision surgery procedures under Professor Haddad, Dr Ottley returned to Brisbane to commence private practice at the Brisbane Hip and Knee Clinic at St Andrews War Memorial Hospital.

In addition to the standard array of sports injury presentations such as

meniscal injuries, anterior cruciate ligament reconstruction, labral tears, cartilage injuries and other arthroscopic procedures, Dr Ottley has a special interest in joint replacement surgery.

"I enjoy and perform all standard joint replacement surgeries of the knee and hip, and also more complex and challenging revision surgeries. I use a combination of cemented and cementless implants, bone grafting

“I enjoy and perform all standard joint replacement surgeries of the knee and hip, and also more complex and challenging revision surgeries. I use a combination of cemented and cementless implants, bone grafting techniques as well as modern metallic augmentation.”

techniques as well as modern metallic augmentation.”

In addition to the older patients with degenerative and arthritic bone conditions, Dr Ottley also works with children and young adults with developmental hip problems.

“I really focus upon trying to tailor the demands of the patients to the surgeries and the implants that I use. I make the time to talk with my patients about lifestyle and what their interests are so that I can get a clearer understanding of what type of implant and procedure is going to achieve the best outcome. Of course, this is always in concert with managing patients expectations ... it’s not a panacea for everybody and it won’t transform you into the bionic man.”

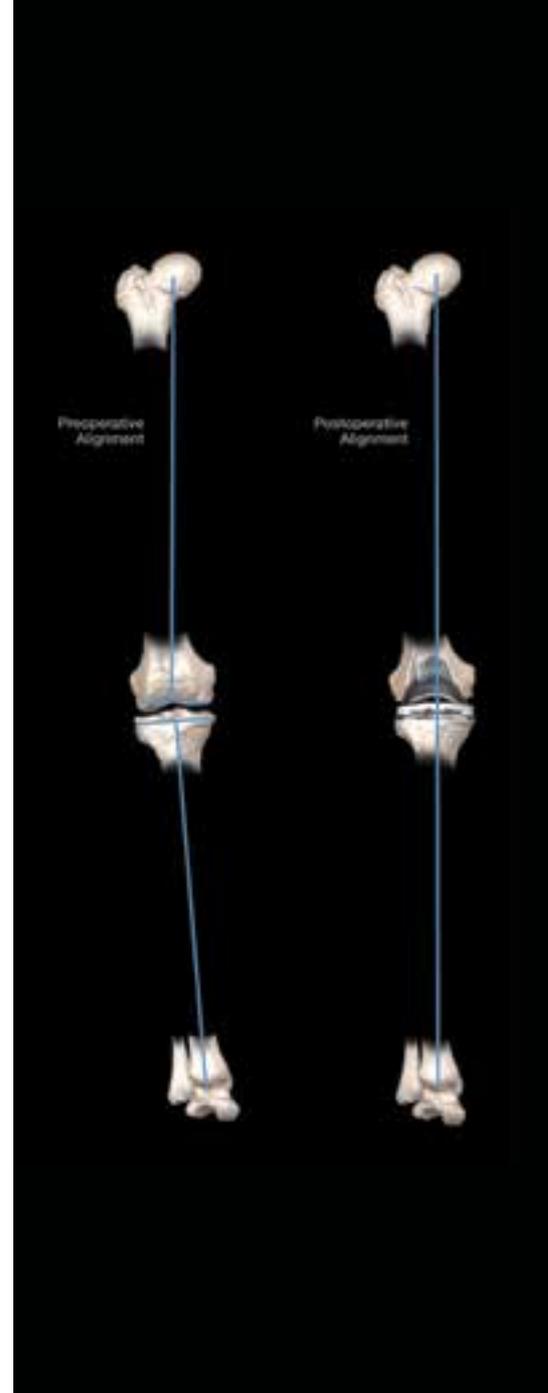
Individualising patient treatment in the area of joint replacement is one of the most significant developments in recent years and the ability to customise both the implant and the procedure are contributing to greater success both in terms of post-procedural function, minimising complications and helping pain management.

The ability to create more accurate and reproducible reconstructions for patients using modern techniques is one of the big advances in joint replacement

surgery. One such technique, in the case of knee replacement procedures, uses MRI scans of the knee that map articular surface defects on the bone and allows us to view the overall alignment of the knee from the hip joint right down to the ankle joint. Once the images are taken, they are sent directly to the implant engineers and through computer modelling they are able to generate a three-dimensional model of the patient and what the reconstruction will ideally look like.

“This allows us to create an individualised mould for the patient and this goes on to form the guides that allow the bone to be cut more precisely and recreate the alignment of the limb with much greater accuracy and reproducibility.”

Dr Ottley is able to liaise with the device engineers and make adjustments to the model using his experience and personal knowledge of the patient to create the guides into an even more exact product to meet their individual needs. This technique can also be particularly useful if there is significant deformity of the bone, or if there is some metalwork in place from a previous procedure and this prohibits using the more traditional instrumentation. ■



COMPUTER GENERATED MODELLING SHOWING PLANNED CORRECTION OF A PRE OPERATIVE ARTHRITIC KNEE (L) TO CORRECT ALIGNMENT POST KNEE REPLACEMENT (R)

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Dr James Daveson
MBBS FRACP
Gastroenterologist

Coeliac Disease: A Best Practice Special Feature

Part 3: Preventative Strategies and Novel Therapies



THE COELIAC CENTRE
DIAGNOSTIC & MANAGEMENT SPECIALISTS
SEPARATING THE FACTS FROM THE SYMPTOMS



Although the current and only treatment for coeliac disease (CD) is a life-long adherence to a gluten free diet, there are several other potential novel therapies in various stage of development around the world.

“There are many reasons why it is important to continue to search for other therapies for coeliac disease. A strict gluten free diet (GFD) is not only expensive and restrictive with social implications, but there is often a lack of availability of suitably alternative gluten free products. The reliance on a gluten free diet can lead to a high intake of fat and carbohydrates with resultant excessive weight gain. A GFD is not easy, with not unsurprising data now emerging suggesting that long term it may not result in mucosal remission. Because of this, efforts to develop effective supportive or replacement pharmacotherapy are underway around the world”.

CD is one of the best characterized diseases of the immune system. It is initiated when gluten derived peptides, which are incompletely degraded by gastrointestinal enzymes post ingestion, permeate across the small bowel epithelium, resulting in activation of both the innate and adaptive immune



SMALL BOWEL VILLI

systems. These gluten derived peptides then, in the submucosal layer, once deamidated by transglutaminase 2 (TG2) are presented on antigen presenting cells by HLA DQ2 or 8 molecules to CD4+ T Cells. The resulting stimulation of gluten-specific T Cells breaks down the body's usual tolerance to gluten maintained by regulatory T cells with a subsequent detrimental pro-inflammatory

immunological cascade, and the resultant clinical manifestations of CD.

Therapies are being designed to target some of these steps: Glutenases (or enzyme supplementation therapy) aim to further degrade the resistant gluten derived peptides - in so doing rendering them incapable of eliciting a toxic immune response. Other therapies are

aiming to: lower the permeability of the small bowel, thus inhibiting the transfer of these toxic peptides across the epithelium; inhibit TG2 thus preventing deamidation of the peptides; block the HLA molecules thereby preventing presentation of the peptides to CD4+ T Cells; and by modulating the resultant pro-inflammatory intestinal cytokines.

The gluten vaccine is based around the same principles of desensitization therapy for traditional allergic conditions. It is based on the view of peptide-based therapies promoting tolerance by inducing regulatory T Cells. Brisbane has been fortunate to have been involved in the first in human study with this drug and continues to be part of the now current international phase 1 trial being conducted by ImunsanT. The vaccine trial in Brisbane is still open to volunteers.

To make an appointment to be seen in the Coeliac Clinic located at St Andrews' War Memorial Hospital please phone 3636 1010 or fax 3367 1075.

If you would like more information about the coeliac vaccine trial please phone 1300 774 276. ■

"There are many reasons why it is important to continue to search for other therapies for coeliac disease. A strict gluten free diet (GFD) is not only expensive and restrictive with social implications, but there is often a lack of availability of suitably alternative gluten free products."

References:

- 1) Lindfors K, Lahdeaho M, et al. Future treatment strategies for celiac disease. *Exper Opin. Ther. Targets* 2012; 16(7):665-675
- 2) Schuppan D, Zimmer KP: The diagnosis and treatment of celiac disease. *Dtsch Arztebl Int* 2013; 110(49): 835-46.
- 3) Anderson RP, Degano P, et al. In vivo antigen challenge in coeliac disease identifies a single transglutaminase-modified peptide as the dominant A-gliadin T cell epitope. *Nature Medicine* 2000; 6: 337-342.
- 4) Tye-Din JA, Stewart JA, Anderson RP et al. Comprehensive, quantitative mapping of T cell epitopes in gluten during celiac disease. *Sci. Transl. Med.* 2010; 2:41ra51.



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Spinal Fusion – Lumbar Mythology and the Modern Age

New technology, new tools, outstanding results!

Over the past fifty years or so, large joint replacement surgeries have emerged as the benchmark procedures for restoring patients' health-related quality of life (HRQOL). Evolution in procedures and the increased customisation of implants has delivered some outstanding lifestyle outcomes for patients. Simultaneously, and perhaps rather more quietly, a revolution has been underway in the treatment of unstable spinal conditions associated with neural compression. This is typified by the modern treatment of degenerative spondylolisthesis with wide decompressive laminectomy and posterior lumbar interbody fusion.

Dr Peter McCombe and his colleagues designed a study evaluating spinal decompression and fusion surgery in patients suffering from degenerative lumbar spinal stenosis (associated with unstable spondylolisthesis) and compared the quality of life outcomes of this cohort with both published HRQOL of total hip and knee joint replacement surgery and with published age-matched Australian norms.

In his study, published in *The Spine Journal* (pp306-312: 2010), Dr McCombe has found that post-operative quality of life outcomes for patients who have undergone lumbar fusion surgery is superior to knee replacement and almost as good as hip replacement surgery.



DR PETER MCCOMBE, ORTHOPAEDIC SPINE SURGEON

“Spinal fusion has a poor track record when it’s done for the wrong reason, or in an inappropriate way. Fusion works best for pathology causing the spine to deform under load, leading to neural compression. We know now that neural decompression with correction of the instability by fusion in the optimal position of lordosis is important”

With advances in knowledge about normal sagittal spinal alignment, surgeons are now able to calculate the appropriate normal lordosis for an individual, based on erect Xrays. We know now that restoration of normal sagittal alignment is important in for good outcomes. Surgeons can now

customise implants to deliver correct sagittal alignment and required lordosis. But this is only part of the equation, surgeons need devices and instruments capable of delivering these custom implants with accuracy.

“Over ten years ago, my partner Dr William Sears from Sydney and I, developed a series of instruments and implants that are wedge shaped so that they can be inserted from a posterior approach to fit between the vertebrae, and then need to be rotated through 90° to create the required amount of lordosis.”

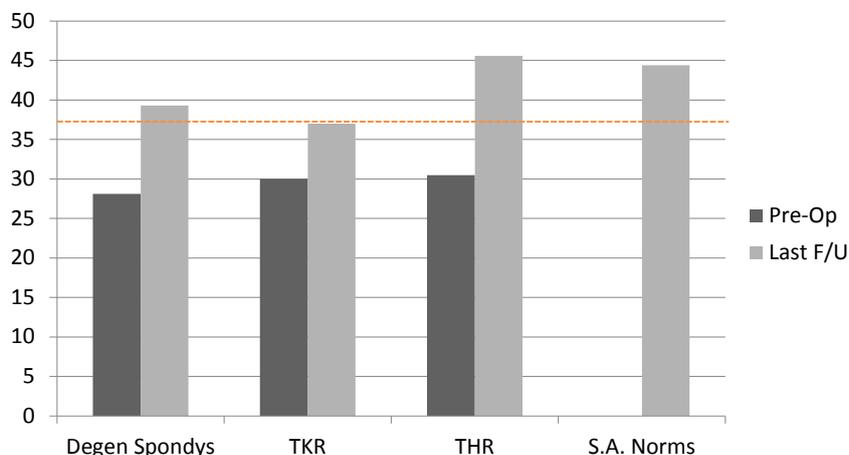
Both the instruments and implants developed by Dr McCombe have been granted design patents, and of particular interest is the design of the spacing instrument that utilises a constant lift cam surface. This unique design enables the surgeon to rotate the cam to create the required angle between the vertebrae and in doing so, deliver the same contact pressure to the collapsed disk at all stages of the rotation. That is, for every degree of rotation of the implant, there is a constant elevation in height created thus providing much truer feedback to the surgeons’ hand when rotating the device.

While these surgical approaches existed prior to the work done by Drs McCombe and Sears, the improvements that their research and design have delivered have contributed to the overall increase in quality of life outcomes for patients undergoing lumbar fusion surgery.

Dr McCombe is an orthopaedic surgeon, an industrial designer and an academic researcher with a unique insight into lumbar fusion surgery. And his take home message for all GPs treating patients with lumbar degenerative conditions is ...

“If there is one thing I would say it to GP’s with patients presenting with leg pain and a degenerative lumbar it would be order a standing X-ray that includes the pelvis. Because the standing X-ray will show a lot of things to do with postural alignment and deformity that are not present in supine scans which are relevant to potentially determining whether a spinal fusion is needed.”

SF12 Physical component score



SF12 Physical component score comparison pre and post op between surgery for degenerative spondylolisthesis, Total Knee replacement (TKR), Total hip replacement (THR) and South Australian norms for age (S.A. Norms)

“If there is one thing I would say it to GP’s with patients presenting with leg pain and a degenerative lumbar it would be order a standing X-ray that includes the pelvis. Because the standing X-ray will show a lot of things to do with postural alignment and deformity that are not present in supine scans which are relevant to potentially determining whether a spinal fusion is needed.”

Dr Peter McCombe
Brisbane Spine Centre
Watkins Medical Centre
Level 8, 225 Wickham Terrace
Spring Hill QLD 4000
T 07 3831 7034

Dr Peter McCombe is an Orthopaedic Spine Surgeon who specialises in surgery of the neck and spine. His Brisbane Spine Centre practice deals with the clinical assessment and surgical management of all adult spinal conditions, including conditions of the nerves, spinal cord, vertebrae and discs. ■

Curing financial personality disorders

Natural disasters, volatile markets and inflation have the power to wipe out wealth but irrational investor behaviour trumps them all.

It takes hard work, determination and ambition to become a doctor. Doctors and medical specialists are highly intelligent and are typically open to new and innovative research and techniques. But while curiosity, persistence and confidence may be admirable qualities in medicine, they can be a dangerous combination when it comes to finance.

In the last decade a new scientific field of study has emerged known as behavioural finance. It studies the basic psychology of financial decision-making. According to this theory, human beings are hardwired to make poor decisions. Motivated by fear and greed, people commonly make erratic decisions which destroy wealth.

Behavioural biases are behind market booms and busts. They explain why many investors buy at the top and sell at the bottom. They also explain why investors fall in love with, and refuse to sell, poor

assets. Doctors and medical specialists are not immune to making poor financial choices just because they're smart and good at what they do. In fact professionals, including medical specialists, are more likely to suffer losses because they're susceptible to overconfidence.

"Overconfidence is one of the most common behavioural biases."

Overconfidence is one of the most common behavioural biases. Regret is another. It can drive people to invest in strategies they don't fully understand for fear of missing out. Fear and regret pave the way for a behavioural bias referred to as 'herd mentality'. This is behind why many people chase after the next big thing, pushing stock markets and property prices higher and higher. It also explains why investors exit en masse.

However, by selling assets at the bottom of a cycle, investors lock in their losses and destroy any chance of recovery. The upshot of behavioural finance is that it pays to stick to your investment strategy and take a long-term view rather than engage in costly, knee-jerk buying and selling.

At Pert & Associates we help our clients make wise financial decisions and stick to their knitting. As a boutique financial advisory firm that specialises in advising medical professionals, we exist to ensure our clients achieve their financial and lifestyle goals and objectives. ■

Brian Pert is a certified Financial Planner and Director and Adviser at Pert & Associates.

To download a copy of their latest White Paper on "Creating financial independence for medical specialists" visit www.pertassoc.com.au



LONG LUNCH

FRIDAY 17 OCTOBER 2014



GEORGE GREGAN
Former Wallaby Captain



JONAH LOMU
All Black legend



SIR GRAHAM HENRY
2011 Rugby World Cup winning Coach



JOHN EALES
1999 World Cup winning Captain



EWEN MCKENZIE
Wallabies Head Coach



JAMES HORWILL
Queensland Reds Captain & Wallaby

Join Fox Sports **Nick McArdle** on the eve of the final Bledisloe Cup Test Match for 2014 as we look back at the great rivalries, preview the third Test and look forward to the 2015 Rugby World Cup. Also hear from Vintage Reds & Wallabies **Greg Martin, Damien Smith and David Croft.**

Date:

Friday 17 October

Time:

11:30 for 12pm start til 4pm

Venue:

Royal International Convention Centre (RNA)

Lunch Cost:

\$199 per person inc GST

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Dr Liz Butler – Scientific Director – Life Fertility Clinic

IVF UPDATE-PGS (Pre-implantation Genetic Screening) has recently returned as a powerful tool in the IVF treatment armoury. Life Fertility Clinic now offers PGS using blastocyst biopsy and 24 chromosome screening for aneuploidy testing for age related infertility, recurrent miscarriage and medically indicated sex selection. This approach can also be used in combination with testing for other specific chromosome anomalies and testing for single gene disorders.

Please contact Life Fertility Clinic directly on 3606 3131 for any further information.

Life Fertility Clinic takes pride in providing a comprehensive approach to patients requiring fertility and gynaecology treatments. When considering a patient's health it is important to be aware that good management of gynaecology conditions is often part of a treatment plan to preserve fertility.

Life Fertility clinic is centrally located within the campus of St Andrew's War Memorial Hospital and is able to provide individualised care for your patients. Our team of fertility nurses and scientists are well equipped to provide the care and support to guide your patients through their fertility journey and to achieve a pregnancy and the ultimate goal of taking home a baby.

-  Fertility Investigations and Treatment
-  IVF with an Affordable Fee Structure
-  PGS – Genetic Testing
-  PESA/TESA – a positive alternative to vasectomy reversal
-  Gynaecology – including laparoscopic surgery
-  Polycystic Ovarian Syndrome
-  Management of Endometriosis
-  Fertility Counselling
-  Pre-treatment Nurse interviews

Affordable IVF available
Standard IVF cycle \$1250
Subsequent IVF cycle \$600
(estimated out of pocket after
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St Andrew's War Memorial Hospital

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ASSOCIATE PROFESSOR LUIS PRADO, MR TONY JONES AND DR CHRISTIAN ROWAN



UNITINGCARE HEALTH Q&A EVENT IN ACTION ON 17 MAY



MRS BENA AND DR ANDREW CARTMILL AT THE Q&A



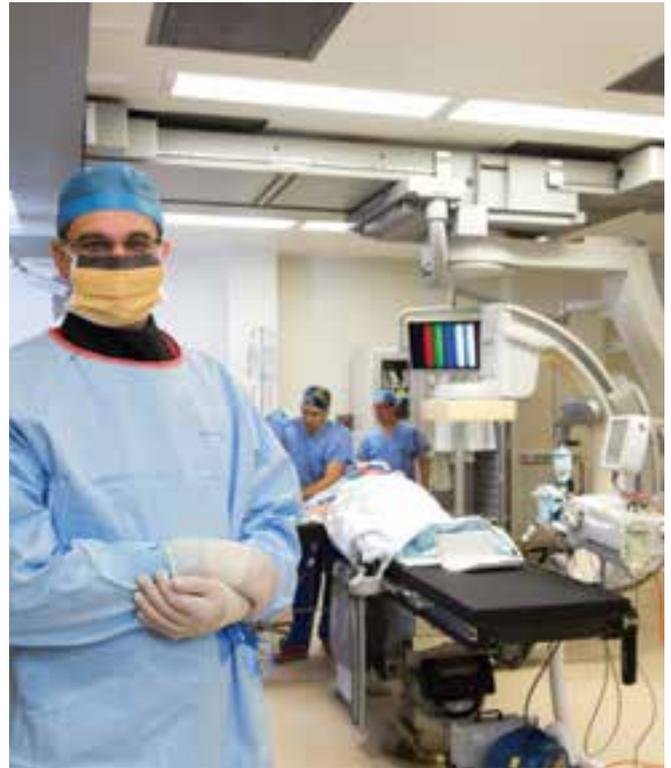
DR PHIL AND SHIRLEY LOCKIE



DR MICHAEL GILLMAN AND MS SUSAN WALSH AT THE Q&A



MARIACHI DUO BAND ENTERTAIN GUESTS AT OUR MARCH CPD WEEKEND AT SHERATON MIRAGE



DR ANDREW CARTMILL IN ST ANDREW'S NEW HYBRID THEATRE



GPs ENJOYING THE ENTERTAINMENT AT SHERATON MIRAGE



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Inpatient Services	07 3834 4391
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StAMPS	
St Andrew's Multidisciplinary Pain Service	07 3834 4525
Coeliac Centre	07 3367 1065
Pelvic Medicine Centre	07 3834 4399
Day Infusion Centre	07 3834 4493
Sleep Centre	1800 155 225
Business Unit	07 3834 4210



Quality
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St Andrew's War Memorial Hospital's quality management system has received ISO 9001 certification ensuring the hospital's safety and quality system meets the highest international and national standards.

St Andrew's earned ISO 9001:2008 and Core Standards for Safety and Quality in Health Care certification in October 2012 after a very successful audit.

St Andrew's War Memorial Hospital's certification is aligned with international best practice and complies with the 10 standards set by the Australian Commission on Safety and Quality in Health Care.

The Pelvic Medicine Centre is the first *one stop* integrated multidisciplinary service in Australia to offer diagnosis, treatment and management solutions for patients with pelvic floor dysfunction.

THE TEAM



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Reconstructive
Surgery

Dr Caron Forde
Gynaecology

Dr Joseph
Schoeman
Urology

A/Prof Eric Chung
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GP Referral Line 1300 698 699