ST ANDREW'S
WAR MEMORIAL HOSPITAL

BEST PRACTICE

THE LATEST IN BEST PRACTICE AT ST ANDREW'S WAR MEMORIAL HOSPITAL **Summer 19/2020**

THE LATEST TECHNOLOGY IN ROBOTIC SURGERY NOW AT ST ANDREW'S

Urology services expanded

Limb lengthening technologies transforming lives

Spotlight on our ophthalmology services

Welcome

In this edition of *Best Practice*, the stories have reminded me of the depth of commitment our medical practitioners and staff have for St Andrew's, with many having served the hospital for decades.

In our ophthalmology story, you will read our Director of Ophthalmology Dr Lawrence Lee has worked at St Andrew's for 21 years and has many long standing colleagues in the team. Our cardiac surgical unit - the first Queensland private hospital cardiac unit – also has several doctors who have been with us for over 20 years including Dr Terry Mau (25 years of service).

It is also wonderful to see many new and highly talented practitioners joining our team, like the doctors from the Brisbane Urology Clinic, and also Sleep and Respiratory Physicians Dr Alex Ritchie and Dr Lauren Galt from Inspiration Respiratory and Sleep.

Our most exciting news this edition is the arrival of the da Vinci Xi robot at St Andrew's. This fourth generation robot is considered the best in the world for robotic surgery, delivering more surgical precision and patient safety than ever before. Surgery with the robot started in late October and patients are already benefiting from the minimally invasive surgery.

Our story on the latest in limb lengthening technologies with the talented orthopaedic surgeon Dr Geoff Donald, is evidence that our practitioners are continually striving to implement the latest in medical technologies to improve patient outcomes. Notably, the latest implantable limb lengthening nails are allowing patients to weight-bear almost immediately post-surgery.

Our ophthalmology and urology services are also featured – both of which offer 24/7 on-call services and are supported by our emergency centre – these teams work tirelessly to ensure patients receive the highest quality care and treatment around the clock.

Results from the latest hospital's cardiac audit have reconfirmed St Andrew's position as a centre of excellence in cardiac surgery. In the story you can read how since the establishment of the cardiothoracic unit 34 years ago, the team have constantly worked diligently and collaboratively to always ensure they achieve the best outcomes possible for each patient, as evidenced in the audit outcomes.

Finally, I would like to thank the St Andrew's team and the wider health community that we work with each and every day. You are all integral to the success of St Andrew's and in ensuring our patients receive the first class treatment and world class results they deserve.

Wishing you season's greetings, health and happiness.

Dr Michael Gillman
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VMP PROFILE UPDATES

Dr James Brown

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Orthopaedic Surgeon
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Dr James Brown is an orthopaedic surgeon practicing on the northside of Brisbane. His areas of interest include surgical management of soft-tissue injuries to the knee, hip and knee replacement, and trauma surgery of the lower limb.

Dr Brown attended the University of Queensland where he attained a Bachelor of Physiotherapy no comma followed by a Bachelor of Medicine and Surgery. His orthopaedic training was undertaken in Queensland, predominantly in Brisbane hospitals.

Since completing his Orthopaedic Fellowship in 2017, Dr Brown has received further sub-specialty training in the UK, involving complex hip and knee arthroplasty at the Royal Infirmary of Edinburgh, and Sports Knee Surgery at the Fortius Clinic in London.

In addition to his private practice, Dr Brown holds staff specialist roles at both the Royal Brisbane and Women's Hospital, and The Prince Charles Hospital. He enjoys the opportunity this affords to be an active participant in the education of the next generation of orthopaedic surgeons. He also has a keen interest in research in his sub-specialty areas. Through both of these avenues he maintains the highest standards in patient care.

Dr Brown is a Fellow of the Royal Australian College of Surgeons and a Fellow of the Australian Orthopaedic Association. He is currently the Deputy Director of Orthopaedics at the Royal Brisbane and Women's Hospital and operates at St Andrew's War Memorial Hospital.

Dr Lauren Galt

BBioMed Sc MBBS FRACP
Respiratory & Sleep
Medicine Specialist
T 07 3832 7776

Dr Lauren Galt studied undergraduate Biomedical Science at the University of Melbourne, before moving to Brisbane to study Medicine. She graduated from the University of Queensland in 2010. Her training in Thoracic Medicine was undertaken at the Royal

Brisbane and Women's Hospital (RBWH) and the Princess Alexandra (PA) Hospitals.

In 2017, Dr Galt worked at the RBWH, with a focus on Interventional Bronchoscopy.

In 2018 Dr Galt completed her Sleep fellowship at the RBWH, and is adept at managing patients with complex sleep disorders, neuromuscular disease, and respiratory failure. Special interest areas include difficult asthma, bronchiectasis, chronic obstructive pulmonary disease (COPD), unexplained breathlessness, lung cancer and sleep disorders, including insomnia, sleep apnoea and narcolepsy.

Dr Leon Kitipornchai

ENT Surgeon

T 07 3905 5999

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

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

Dr Kitipornchai consults at Wickham Tce Spring Hill, North Lakes, Springfield and operates at St Andrew's War Memorial Hospital.

Dr Christopher Que Hee

MBBS (HONS), FRACS, FACS

ENT Surgeon

T 07 3905 5999

Dr Christopher Que Hee received his medical degree with honours from the University of Queensland in 1993 and was awarded a University Medal. He then trained in various Brisbane Hospitals in Ear, Nose and Throat Surgery, receiving his Fellowship of the Royal Australasian College of Surgeons in Otolaryngology, Head and Neck Surgery at the end of 2002.

In 2003, he pursued further fellowship training at the Royal Victorian Eye and Ear Hospital and The Royal Melbourne Hospital, committed to surgery of the ear, cochlear implantation and acoustic neuroma surgery. At the same time, he was a research fellow at the Bionic Ear Institute performing research on trauma to the inner ear. Dr Que Hee began his private practice in 2004, and since that time his practice has become more focussed on ear surgery in adults and children.

Dr Que Hee is a Senior Lecturer at the University of Queensland and lectures to Medical Students, Audiologists and General Practitioners. As a Surgical Supervisor at the Mater Hospital, Chris is responsible for the training of future ENT surgeons. He has been an instructor on multiple courses teaching cochlear implantation techniques to Australian and overseas surgeons. From 2019, he will serve as an examiner for the Royal Australasian College of Surgeons. His special interests are stapedectomy, cochlear implantation, cholesteatoma surgery, implantable hearing devices, endoscopic ear surgery and paediatric ENT surgery.

Dr Que Hee commenced his private practice at St Andrew's War Memorial Hospital in 2004 and consults in Spring Hill.

COVER STORY

DA VINCI XI ROBOT IS HERE
THE LATEST TECHNOLOGY IN ROBOTIC SURGERY NOW AT ST ANDREW'S

The da Vinci Xi robot has arrived at St Andrew's War Memorial Hospital and is now delivering minimally invasive surgery for patients in the areas of urology, gynaecology, colorectal and ENT, and with no gap (additional robotic fee) for patients of approved procedures.

Ms Mairi McNeill, General Manager, St Andrew's, said having this advanced da Vinci robot available for both simple and complex surgical procedures, will assist the hospital on its constant quest to provide first class treatment and world class results for St Andrew's patients.

"Our goal is to make robotic surgery accessible for all St Andrew's patients," Ms McNeill said.

"This fourth generation robot is considered the best in the world for robotic surgery, delivering more surgical precision and patient safety than ever before," she said.

The da Vinci Xi has more capabilities than previous models and is optimized for complex multi-quadrant surgery, featuring revolutionary anatomical access, crystal clear 3DHD vision, and a platform designed to seamlessly integrate future innovations.

"The robot provides a natural extension of the surgeon's eyes and hands into the patient, but as with all robotic systems, the surgeon is always in control," Ms McNeill said.

da Vinci Xi system

Robotic surgery benefits patients through: shorter hospitalisation; reduced pain and discomfort; faster recovery time and return to normal activities; smaller incisions, resulting in reduced risk of infection; reduced blood loss and transfusions; and minimal scarring.

Surgeons utilising robotic surgery benefit from greater visualisation, enhanced dexterity and greater precision.

Dr Caron Forde, Gynaecologist at St Andrew's successfully performed the first robotic procedure with the new da Vinci robot on 26 October and said it exceeded her expectations.

"I was very keen to use the articulating instruments knowing they go around corners and allow better access to narrow confined spaces - like the female pelvis, and I was looking for safer access to my usual surgical area. The da Vinci robot effortlessly provided me with the ability to get into all the nooks of the pelvis safely," Dr Forde said.

Dr Forde said the precision, flexibility and control of the da Vinci robot allowed for a very gentle handling of tissues, which in turn results in less trauma, less pain and faster recovery. The fiber optic technology delivered 3D vision and allowed her greater visualisation of all the different tissue layers, so she could carefully work her way through surgery, again minimising trauma to other tissues.

"This improved accuracy will greatly benefit complex surgeries like hysterectomies, removal of endometriosis, and the management of ovarian cysts, in addition to a whole range of gynaecological problems, ultimately for the benefit of women," she said.

St Andrew's War Memorial Hospital will offer robotic surgery for:

- Urological conditions
- Gynaecological conditions
- Colorectal conditions
- ENT

NEWS IN BRIEF

▼ *TIME* ART EXHIBITION OPENING

St Andrew's is pleased to host Access Arts exhibition, "time".

Featuring 45 original artworks, the exhibition showcases 25 artists with disability or disadvantage. Each piece is unique, but all share a universal theme - time.

Officially opened in July by Access Arts Patron, the Governor of Queensland, His Excellency the Honourable Paul de Jersey AC (pictured right with artists) the artworks are on display on level one at St Andrew's and are for sale until February 2020.

www.accessarts.org.au

From left: Dr Philip Hall, Rosemarie White, Mairi McNeill, Dr Christian Rowan MP, Michael Krieg, Dr Michael Gillman

CELEBRATION

▼ ST ANDREW'S EMERGENCY CELEBRATES 25 YEARS

Happy 25th Birthday to our 24/7 Emergency Centre! We celebrated with a magnificent cake made by the super talented Dr Maree Whitchurch. Thank you Maree!

Sharing in the celebrations was patient Edna Spence (seen here with Group Executive Michael Krieg, Dr Kim Hansen & Trish Woods). Edna's 107 years young and we couldn't have been happier to share this milestone with you Edna!

Edna Spence

▼ THANKS BERYL!

Meet Beryl Roylance, a Moderator's Medal recipient in 2011 and one of our highly regarded and much loved volunteers. Beryl is 89 years old and has spent over three decades assisting and supporting patients as a volunteer at St Andrew's. At 6am every Friday, you'll find Beryl in our surgical admissions lounge – she's the calm and friendly face patients meet prior to their surgery offering a smile and a listening ear at an often anxious time.

A real favourite amongst our nursing staff, when asked why she volunteers Beryl's answer sums up her vibrancy and enthusiasm..."I just love it!", she said.

Thanks Beryl and thank you to all of our wonderful St Andrew's volunteers and senior staff.

Beryl Roylance

WELCOME TO THE BRISBANE UROLOGY CLINIC

Dr Timothy Smith

Dr Ano Navaratnam

Dr Jonathan Chambers

Dr Katherine Gray

Dr Jason Paterdis

Dr Greg Malone

Urology services at St Andrew's War Memorial Hospital have recently been strengthened with the arrival of the Brisbane Urology Clinic delivering a 24-hour on-call-service for St Andrew's Emergency and a range of elective surgery services including robotic surgery with the newly acquired da Vinci Xi robot.

Dr Tim Smith, Urologist with Brisbane Urology Clinic said they were pleased to deliver a round the clock service for St Andrew's patients.

"All nine of our specialists will be part of the 24-hour on-call service for the emergency centre and hospital inpatients. Our practice is uniquely positioned to provide an on call urology service 24 hours a day, 365 days a year," Dr Smith said.

Brisbane Urology Clinic treat men and women for a wide variety of conditions including: prostate, bladder, kidney and testicular cancer; kidney stones; urinary tract infections; incontinence; sexual dysfunction; and male infertility.

They also offer robotic surgery for the management of cancerous and benign conditions of the kidney, bladder and prostate. Some of the robotic procedures they commonly perform include radical prostatectomy, radical cystectomy, partial nephrectomy, and pyeloplasty.

The urologists from Brisbane Urology Clinic have been involved with robotic surgery for the past 11 years and have witnessed outstanding results for patients over this time.

"Robotic surgery continues to advance and benefit patients with smaller incisions, shorter hospital stays, less post-operative pain and faster recovery," said Dr Smith.

Brisbane Urology Clinic opened 30 years ago and is Queensland's most established urology practice. Collectively, the team is the most experienced group of urological surgeons in Queensland. They consult from locations across Brisbane, Bundaberg, Mackay and Rockhampton and are supported by two specialist urology nurses.

Brisbane Urology Clinic specialists operating at St Andrew's include:

- Dr Timothy Smith
- Dr Ano Navaratnam
- Dr Jonathan Chambers
- Dr Katherine Gray
- Dr Jason Paterdis
- Dr Greg Malone

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LIMB LENGTHENING TECHNOLOGIES SURGING AHEAD AND TRANSFORMING LIVES

Dr Geoff Donald

Living with uneven legs no longer needs to be the case due to major advances in the techniques and devices now available in Australia for limb lengthening.

Dr Geoff Donald, orthopaedic surgeon at St Andrew's War Memorial Hospital, who carries out a vast number of limb lengthening cases annually in Queensland, said the array of solutions now available means he is undertaking a wider range of patient cases, including many that previously would have been considered to have an insignificant limb length deficiency but can now have a permanent correction.

"We now work with lower and upper limb cases with a minimum deficiency of 2cm and age of 10 years up – previously these cases would have just been sent off to a podiatrist for a temporary fix," said Dr Donald.

While external fixation limb lengthening techniques (eg. Maxframe, using Illizarov technique) have been working wonders for years, intramedullary lengthening nails (Precice and now Precice Stryde) are now transforming patient's lives as well.

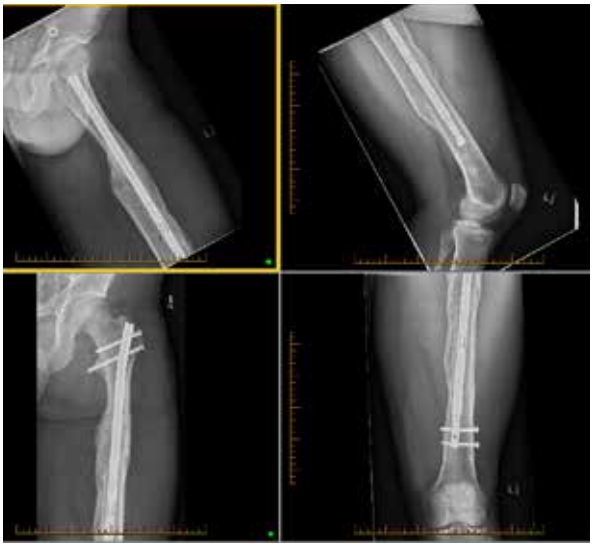
Dr Donald said the Maxframe is a multi-axial correction system that can simultaneously assist with length, angulation and rotation, while the internal Precice and Precice Stryde systems can assist with pure length deficiencies.

The Precice system is an adjustable magnetically driven implantable intramedullary nail in the tibia or femur. The key to the technology is the non-invasive magnetic interaction between the implant and the external remote controller to gradually expand and lengthen the implant and leg with precision and control. It offers the advantages of minimising soft tissues scarring, muscle tethering, inflammation and infection.

"The concealed nature of the Precice system is naturally more convenient for the patient with less time in hospital and potentially lower pain and discomfort," said Dr Donald.

However, the newest limb lengthening technique to the market this year is the Precice Stryde – also an implantable intramedullary nail, remotely-controlled, magnetically driven but with the biggest advantage of patient's being able to weight-bear post-operatively (due to it being made from stainless steel) allowing for a faster return to daily life and activities. No other internal limb lengthening system allows for immediate weight-bearing.

Dr Donald treats adults and children at St Andrew's for both congenital and acquired problems and in recent times said he is seeing more patients with limb length deficiencies following hip and knee arthroplasty, which he said are benefiting greatly from limb lengthening surgery.



CASE STUDY: Male, 31, trauma

The patient suffered a severe motor cycle accident at age 29 resulting in a pelvic fracture, significant left comminuted femoral shaft fracture (ORIF intramedullary nailing) plus elbow fracture/ injury. He was left with a left LLD of 2cm.

Plan was to remove the intramedullary device and replace it with a Precice femoral nail and undertake a lengthening process over 15 - 20 days. Lengthening was completed at 20 days. Three months post-lengthening, it had consolidated with a nice supple range of motion of his joints, a 2cm lengthening and functional equality of his leg length achieved. Precice nail was removed nearly 12 months post-implant.

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SPOTLIGHT

AUDIT RECONFIRMS ST ANDREW'S AS CENTRE OF EXCELLENCE IN CARDIAC SURGERY

The annual St Andrew's War Memorial Hospital cardiac audit delivered in June has reconfirmed the hospital's position as a leader in cardiac surgery with excellent patient outcomes.

Patient Mr Anthony McGrory recovering in ICU after his recent coronary artery bypass surgery with ICU nurse Beth

Dr Bruce Garlick, Director of Cardiothoracic Surgery at St Andrew's said that while the cardiac surgery caseload has changed dramatically over the years, due to better early interventions from GPs and cardiologists, cardiac surgeons are now handling a larger percentage of more complex cases.

"We are continuing to see a trend from bypass graft only surgery, to more complex valve cases, and bypass plus valve cases," Dr Garlick said.

However, despite this trend to increased case complexity the cardiac audit reported the mortality rate for patients undergoing surgery at St Andrew's continues to average around 1% (recording 0.3% for 2018).

The standardised incident ratios (SIR: are defined as the observed event rate divided by the rate predicted taking into account factors that impact on the risk) compare more than favourably against international centres of excellence and local comparators such as:

- Cleveland Clinic: bypass: St Andrew's 2015-18 (60%) vs. Cleveland (50%); aortic valve: St Andrew's 2015-18 (0%) vs. Cleveland (60%).
- Queensland public hospitals (QH): standardised mortality ratios across all surgery types: St Andrew's: (26%) vs. QH (83%) and in subclasses bypass: St Andrew's (60%) vs. QH: (60%); isolated mitral or aortic valve surgery: St Andrew's: (0%) vs. QH (145%) and bypass + valve: St Andrew's (24%) vs. QH (96%).

Dr Garlick said patients undergoing cardiac surgery at St Andrew's also experience comparatively few major complications post-surgery with the documented SIR at St Andrew's being 34% compared with the QH SIR of 93%.

"Of particular note is that patient's having surgery at St Andrew's experience a lower incidence of strokes following cardiac surgery (SIR of 59%) compared with QH (SIR of 99%) while the rate of deep sternal wound infections is less than half the rate predicted by the very challenging STS risk model.

The success of the cardiac surgery unit at St Andrew's can be attributed to a number factors said Dr Garlick, including a commitment to excellence, a cohesive team approach to patient care and a constant critical evaluation of cases and outcomes by the team.

"Our team of cardiac surgeons, anaesthetists, ICU and nursing staff are committed to working collaboratively to achieve the best outcomes possible for each patient," he said.

To this end, the team holds bi-monthly meetings on a Saturday morning to discuss case outcomes and critically evaluate the unit's performance to help drive improvements and maintain quality. It is a multidisciplinary team approach with the meetings attended by cardiac surgeons, anaesthetists, ICU and nursing staff, risk and quality representatives and senior hospital management.

The cardiac surgery unit is always looking at ways to improve. As an example, over the past seven years the team has delivered a marked reduction in the rate of bleeding related complications post surgery.

"This reduction is primarily due to changes in clinical technique, the implementation of innovative technologies such as point of care blood testing (which aids in making faster decisions about why a patient is bleeding), and the optimised use of antifibrinolytic drugs," Dr Garlick said.

When the St Andrew's cardiac surgical unit was established in 1985 it was the first such service to be established in a private hospital and it remains one of Queensland's leading private cardiac surgical units.

St Andrew's continues to invest in cardiac surgery and in January 2020, the unit will commence the roll-out of the latest generation of physiological monitoring systems. The $1.4 million investment will include advanced communication technologies to alert staff immediately if a patient requires attention.

Cardiac surgery procedures carried out at St Andrew's:

- adult congenital heart surgery
- aortic surgery
- atrial fibrillation surgery
- coronary bypass surgery and complex redo coronary
- heart-failure surgery
- pulmonary embolism surgery
- surgical transcatheter valve operations
- valvular surgery including minimally invasive valvular surgery

Cardiothoracic surgeons at St Andrew's:

- Dr Bruce Garlick
- Dr Dong Kang
- Dr Terence (Terry) Mau
- Dr Rishendran Naidoo
- Dr Anil Prabhu
- Dr Marosh Vrtik
- Dr Douglas Wall

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IN FOCUS

AUSTRALIAN FIRST FOR ST ANDREW'S WAR MEMORIAL HOSPITAL

St Andrew's War Memorial Hospital has become the first hospital in Australia to use ground-breaking new technology to treat patients with heart disease.

St Andrew's Cardiologists Dr John Hayes and Dr Michael Adsett used the cutting-edge cryoballoon catheter device to perform surgery on two patients in late August.

Dr Hayes said atrial fibrillation is a growing cardiovascular disease affecting around 430,000 Australians.

"Patients with atrial fibrillation can experience symptoms of palpitations, fatigue, weakness, exercise intolerance, discomfort or dizziness, as the heart is not pumping efficiently," Dr Hayes said.

He said the new device shows great promise in delivering better results faster.

"This technology can result in shorter procedure times and a lower likelihood of recurrent atrial fibrillation. For the patient, this means fewer will require a second procedure," Dr Hayes said.

This advancement will allows Cardiologists to remove more troublesome heart tissue than previously possible, leading to better results for patients.

"We can now treat the condition in the most effective and efficient way, allowing patients to regain their quality of life and engage in activities that may have been difficult before," Dr Hayes said.

"The operation using this technology takes only 60-80 minutes, with an overnight recovery in hospital. Previously patients may have been looking at procedures lasting up to 5 hours," Dr Hayes noted.

St Andrew's General Manager Mairi McNeill said the hospital has been paving the way in embracing medical advancements and sophisticated technology for over 60 years.

"St Andrew's has an unparalleled reputation for patient results, paired with a staff of world-class medical specialists," Ms McNeill said.

"We are constantly seeking out the most innovative solutions for our patients, and will continue to strive for excellence.

"It is this approach that contributed to St Andrew's securing the coveted position as Australia's first hospital to use this remarkable technology.

"We're pleased to pioneer this technology in Australia, which could deliver game-changing results for our patients."

SPOTLIGHT

BRISBANE'S ONLY PRIVATE HOSPITAL WITH 24/7 RETINAL OPHTHALMOLOGY SURGERY SERVICE

Dr Lawrence Lee

Since commencing as Brisbane's first private hospital offering ophthalmology services almost 40 years ago, St Andrew's War Memorial Hospital's commitment to ophthalmology continues – now being the only private hospital offering 24/7 vitreoretinal emergency surgery in Brisbane.

With many of Queensland's most experienced ophthalmologists as visiting practitioners and part of the dedicated team at St Andrew's, patients can be assured they are in the very best of hands.

The specialists are supported by the latest in ophthalmology technologies, a priority emergency centre, excellent ophthalmic trained clinical and operating theatre staff, and a multi-disciplinary approach.

Director of Ophthalmology Services at St Andrew's, Dr Lawrence Lee has been working at the hospital for 21 years and said they can tackle the most complex of vitreoretinal surgical adult cases as well as treating day surgery cases.

"We are very well positioned at St Andrew's to handle both day surgery, emergency and inpatient cases, including the elderly, fall risks, lack of carers, country patients, complex cases, paediatrics, and those needing concurrent medical reviews," Dr Lee said.

St Andrew's undertakes the full range of ophthalmology surgery from cataracts to retinal detachments, macular holes, epiretinal membranes, complications related to diabetic retinopathy, ocular trauma, oculoplastic, orbit and laser surgery.

"Working at St Andrew's allows us to handle cases quickly with an experienced team and to fit critical cases in," Dr Lee said.

The hospital utilises the latest in ophthalmic operating technology with anterior segment (cornea, cataract) and posterior segment (macula, retina and vitreous) capability with wide-field viewing systems with the Oculus BIOM 5 - the latest evolution in non-contact wide angle observation of the retina.

St Andrew's has been supported by the long standing senior members of the visiting staff Dr Kevin Vandeleur and Dr Leslie Manning in the Retina Unit, and Professor Tim Sullivan and Dr Scott Teske in the Orbital and Oculoplastic Unit, who have worked tirelessly over the years to bring St Andrew's to the forefront of ophthalmic surgery.

"They have worked around the clock saving eyes and preventing blindness," Dr Lee said.

Ophthalmology services offered (elective and emergency) at St Andrew's

- Vitreoretinal surgery: macular hole, retinal detachment, diabetic retinopathy, epiretinal membrane
- Cataract surgery
- Cornea and anterior segment surgery
- Oculoplastic surgery
- Orbital surgery
- Laser surgery

Ophthalmology specialists at St Andrew's

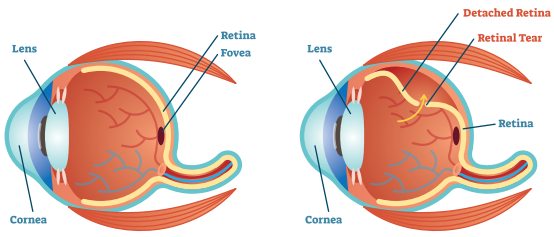
Dr Lawrence Lee	3831 6888
Dr Leslie Manning	3839 9280
Professor Timothy Sullivan	3831 0101
Dr Scott Teske	3236 9700
Dr Kevin Vandeleur	3359 1169
Dr Matthew Cranstoun	3831 0101
Dr John Harrison	3831 4972

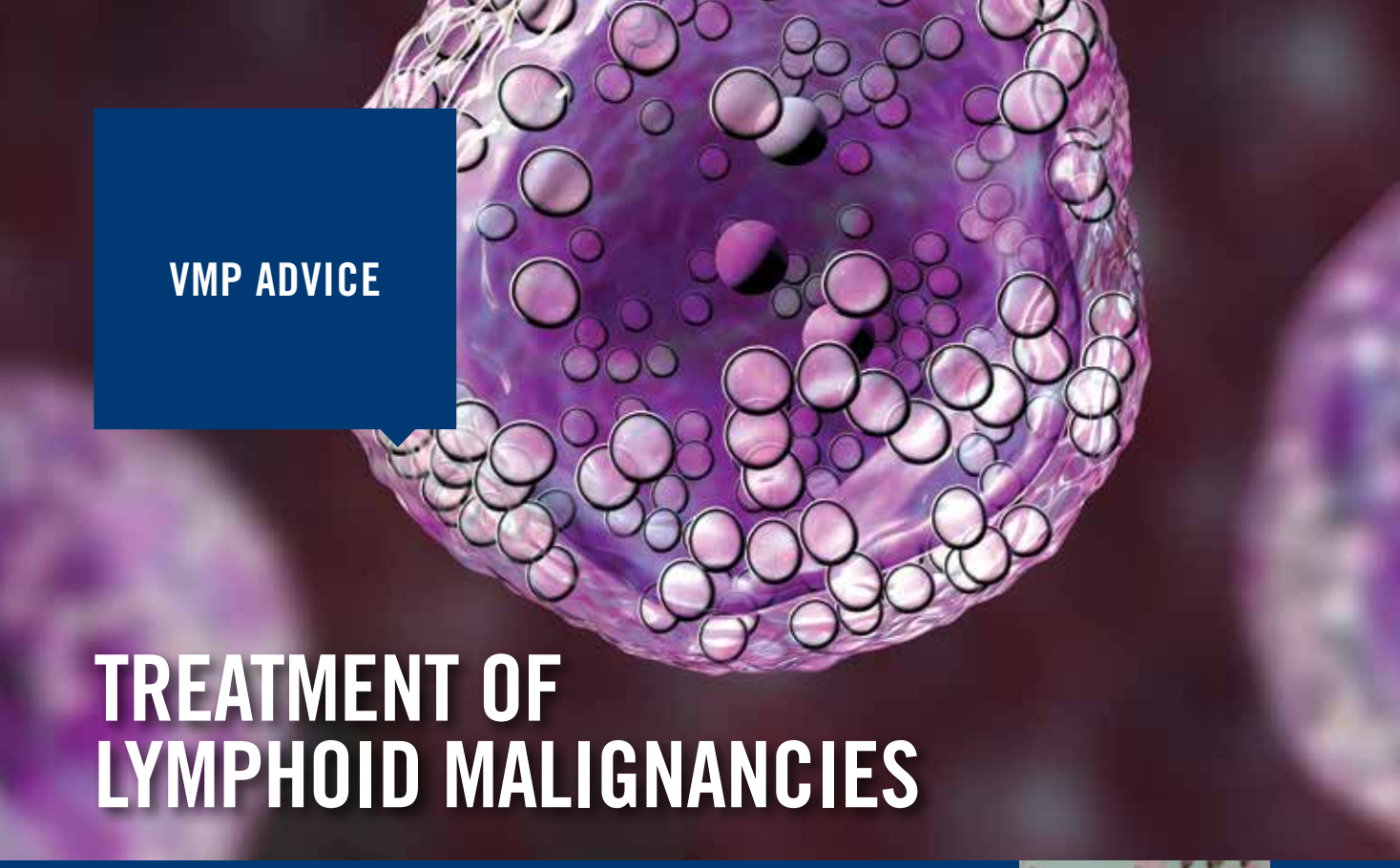
Afterhours St Andrew's Ophthalmology service (via Emergency Centre)

Emergency Centre:	(07) 3834 4455
Hotline for GPs to call:	(07) 3834 4490

Case Study: Male, 70, emergency vitrectomy surgery

A 70 year old male recently had his right retinal detachment repaired with Dr Lawrence Lee and recalled coming to St Andrew's Emergency Centre on a Sunday morning two years ago with loss of vision from a retinal detachment in his other eye (left eye). At that time the emergency team promptly called Dr Lee and the patient was in the operating theatre within three hours, with the full ophthalmic team of nurses and anaesthetist, undergoing vitrectomy surgery to repair his retinal detachment. His vision was saved!





VMP ADVICE

TREATMENT OF LYMPHOID MALIGNANCIES

We often hear of advances in cancer research with the caveat that potential therapeutics are several years away from being available. This translates to a trickle of real therapeutics being available for clinical use and less so from a reimbursable stand-point.

One area of cancer therapy that has seen an explosion in research that has translated to real-world therapeutics however is lymphoid malignancies. This review seeks to update you on what is newly available in Australia and more importantly, on several key drugs that have now been registered and available for use on the Pharmaceutical Benefits Scheme (PBS).

Therapeutic targets in this respect relate to B-cell receptor signalling, namely the Bruton's Tyrosine Kinase (BTK) and B-cell Lymphoma-2 (BCL-2) antigens.

The former blocks the down-stream signalling mechanism that is activated with B-cell receptor (BCR) engagement and the latter is intimately involved in regulation of apoptosis.

Ibrutinib (Imbruvica®) is an oral BTK inhibitor recently registered on the PBS for relapsed and refractory Chronic Lymphocytic Leukaemia (CLL). What is notable about this drug is its efficacy, including in p53 mutated/17p deleted disease, which has traditionally carried an extremely poor prognosis with lack of response to conventional chemotherapy. Furthermore, its efficacy is coupled with a favourable toxicity profile with the main side effects (gastroinestinal, haematological) mostly mild and infrequently requiring dose adjustment.

Some points to bear in mind with its use are:

1. The occurrence of maculopapular rash which can be widespread, particularly over the limbs but which is generally self-limiting and should not require dose adjustment;
2. Increased incidence atrial fibrillation (AF), particularly in those with existing cardiac disease;
3. An acquired bleeding diathesis, thought to be due to interference of platelet function and the requirement for caution with anticoagulants and around invasive procedures.

Ibrutinib also has activity against other B-cell malignancies, mainly low grade lymphomas such as Marginal Zone and Lymphoplasmacytic lymphomas (Waldenstrom's macroglobulinaemia), as well as Mantle Cell Lymphoma. These latter categories are not currently reimbursed by the PBS, however a number of clinical trials are available and which may afford access for patients.

BCL-2 signalling is targeted by **venetoclax** (Venclexta®), another orally bioavailable compound, approved for relapsed and refractory CLL, which also has activity in other B-cell malignancies but looks to have activity against a broader range of haematological malignancies, including Acute Myeloid Leukaemia (AML) and Multiple Myeloma. The inhibition of BCL-2 serves to promote apoptosis.

Venetoclax also has considerable efficacy, particularly in traditionally poor prognostic disease and shows promise, even in multiply relapsed disease. Similar to ibrutinib, there is an association with bleeding, although the mechanism is less well understood. Of particular note is the risk of tumour lysis which was reported in early phase trials, resulting in a stepped dose escalation at initiation.

Overall, both ibrutinib and venetoclax represent a paradigm shift in our treatment of relapsed disease with ongoing data showing promise in first-line therapy, which one day may dispense with the need for cytotoxic chemotherapy altogether. Of importance to note is the lack traditional toxicity, which paves the way for treatment of less fit patients – an important fact considering that the majority of patients with these diseases are the elderly.

The main downside to these new oral therapies is the need for continued therapy, until the disease progresses, whereas traditional chemotherapy are generally limited to a set number of cycles (and time on therapy). Research is currently underway to compare defined period treatment against continued therapy and a positive finding will make the reimbursement of these medications, including in combination, more appealing to government and other funding mechanisms.

Another important area which has received much media attention and government funding, is Chimeric Antigen Receptor T-cell (CAR-T) therapy.

At cost of well over USD 500,000 per treatment the Therapeutic Goods Administration (TGA) has recently approved tisengleucel (Kymriah®) for the treatment of relapsed or refractory Diffuse Large B-cell Lymphoma and Acute Lymphoblastic Leukaemia (ALL) in young patients.

This therapy is truly personalised therapy, insofar as the therapeutic product is a manipulation of a patient's own T-cells to express a CAR – introduced by a viral vector in specialised manufacturing centres, mainly in the US at the moment. The whole process requires:

1. Collection of a patients T-cells by apheresis;
2. Viral transfection of CAR-T cell genes and expansion of the transfected T-cell population;
3. Lymphocyte depleting (but not myeloablative ie. less intense) chemotherapy to patient whilst CAR-T cells are being manufactured;
4. Reinfusion of CAR-T cells back to the patient.
5. In vivo expansion of the reinfused CAR-T population – a "living drug" in a sense, as the total T-cell population will persist in the patient long after the reinfusion.

While the risk of graft versus host effects are minimised using the patients' own T-cells, other immune-related effects do occur, most notably the risk of cytokine release syndrome and encephalopathy. Currently, suitable patients must be referred for government funding on a case by case basis (the Medical Treatment Overseas Program – MTOP), with patients referred to one of several centres in the US to undertake the therapy – adding to the cost with relocation, travel and associated costs.

While these are by no means the only advances in this area of therapy, they do represent tangible and more importantly, accessible, treatment for the patients with increased efficacy and favourable toxicity profiles. With later generation versions, as well as combination and time limited therapy options being researched (and in some cases awaiting decisions on reimbursement), this area of Haematology shows considerable promise for our patients for the future.

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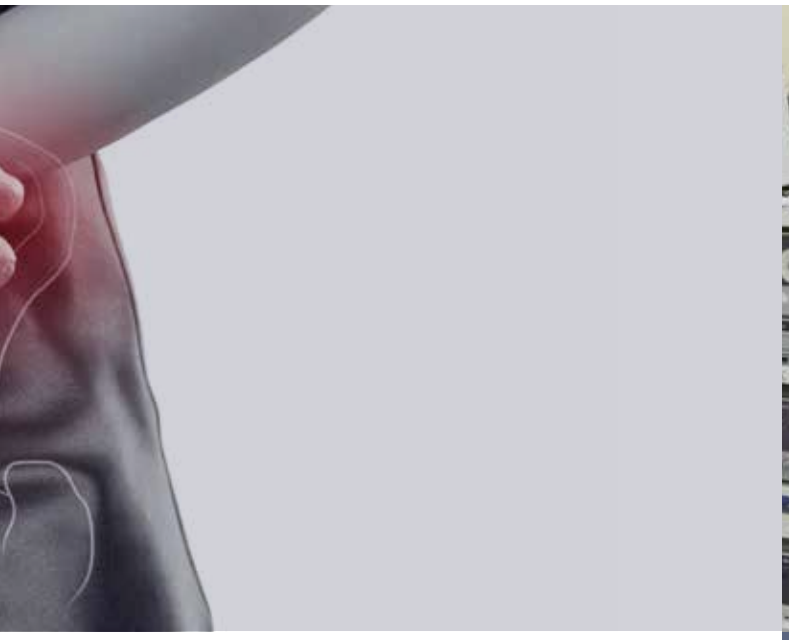
EXPANDED TREATMENT OPTIONS FOR MANAGEMENT OF PERSISTENT PELVIC PAIN

Persistent Pelvic Pain (PPP) affects 1 in 5 women and 1 in 12 men at some time in their life.[1] It is a complex condition experienced by both men and women that impacts significantly on quality of life and productivity.

Persistent Pelvic Pain is more common than asthma (10%) or back pain (14%) in Australia.[2] As most types of pelvic pains cannot be diagnosed by using traditional tests such as blood tests or scans, it may take several years for patients with PPP to be recognised; and even longer before management is provided in a secondary care setting.

Once PPP is established, there are a variety of interventions including pelvic floor physical therapy, Botox , nerve blocks and neuromodulation that are recommended in the treatment pathway for PPP. Sacral neuromodulation has been a therapy choice for patients with lower urinary tract and bowel dysfunction of multiple aetiologies refractory to more conservative management for many years.[3] It is a minimally invasive surgical procedure involving the electrical stimulation of afferent nerve roots. It is hypothesized therapeutic effect in treating pain is mostly related to reviving brainstem autoregulation and help rest the function of the pelvic floor and associated neuromuscular unit.[4, 5]
In the past decade, sacral neuromodulation has been studied in the management of PPP and shown to provide unprecedented pain reduction and therapy durability.[6, 7, 8]

Dr Phil Hall is an accomplished gynaecologist with extensive experience with sacral nerve modulation for treating both PPP and bladder and bowel control. Following recent international (USA) training on advanced sacral neuromodulation surgical techniques with renowned surgeon Prof Ken Peters, Dr Hall has now expanded the sacral neuromodulation treatment options for persistent pelvic pain including pudendal neuralgia to include **pudendal nerve modulation**.



Similar to the sacral neuromodulation, the Pudendal Nerve modulation technique is also a two-stage process with a lead positioned at the pudendal nerve for test stimulation and connected to an implantable pulse generator if the test stimulation proves successful.

The first pudendal neuromodulation case was performed successfully by Dr Philip Hall at St Andrew's in mid November, expanding the neuromodulation treatment options available for refractory Persistent Pelvic Pain.

About Dr Philip Hall MB BS MRMed FRANZCOG, FRCOG, FACRRM

Dr Hall practises the breadth of Gynaecology and has over 30 years extensive experience in treating

- Female incontinence
- Chronic pelvic pain
- Pelvic floor and vaginal surgery

Dr Hall is a Director of the Pelvic Medicine Centre at St Andrew's War Memorial Hospital, Brisbane – the first private multi-disciplinary clinic that aims to provide "whole of patient care" for both men and women experiencing a wide range of pelvic conditions including incontinence and chronic pelvic pain.

T 07 3831 0519

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MONEY MATTERS

DON'T BE CAUGHT IN THE DARK WITH THE RISE OF THE BLACK ECONOMY TASKFORCE

Another day, another taskforce set up by the Australian Taxation Office (ATO). With an estimated $11.1 billion in tax revenue missed out on by the ATO due to black economy behaviours believed to be exhibited by small businesses, it is no wonder that the ATO is rounding up its troops and devising a plan of attack.

So what is the black economy?

Basically the black economy refers to those businesses that do not report their tax obligations correctly to the ATO. This may entail businesses not reporting all of its income, as well as conducting in fraudulent activities such as fabricating deductions, paying undeclared cash wages, and/or dealing with other off-the-books type business transactions.

These behaviours can result in the underpayment of income tax, GST, PAYG withholding, and so forth. The ATO has identified the small business sector as being the biggest contributor to the black economy.

Winter may be over, but the ATO is coming

With an alarmingly high tax gap amongst small businesses, the ATO is doing all it can to try and bridge this significant gap. Although the ATO is still in the early stages of implementing measures to mitigate the tax gap issue, we can already see some strategies being put in place.

One strategy we can see is the proposal of the $10,000 cash payment limit. This is where businesses are not allowed to undertake cash transactions that are above $10,000. By limiting cash transactions, the ATO is hopeful that it can potentially reduce black economy activities.

As we now live in a digital world, where everything is up in the cloud, data matching seems to be the ATO's best friend. However, you may soon find the ATO adopting a "friendlier" approach next time you answer your door.

The ATO is likely to be going back to basics by sending their troops out into the field to visit businesses face-to-face. The ATO seems to believe that this approach can not only allow them to identify flaws in business practices and processes, but it can also provide greater impact in changing the ideology and reduce the appeal of black economy activities to taxpayers.

Rest assured with your trusted advisor

At times, even the honest taxpayers trying to do the right thing can find themselves caught in the web of the black economy. As you are busy running your medical practice, factors such as human errors, poor record keeping systems, and lack of understanding of a very complex tax system, can often attribute to incorrect and/or incomplete information being reported to the ATO. This is the time when it is important to have a good accountant by your side. A reliable tax professional can provide your business with assurance in the following ways:

- Checking and reviewing that your systems and processes are adequate;
- Ensuring all lodgement obligations are up to date;
- Performing data matching to verify that the information collected by the ATO via various channels are consistent;

- Identifying and reviewing of assessable and deductible transactions;
- Making sure employer obligations are met.

Engaging a reliable tax professional will ensure your business is compliant and that you will be ready if the ATO comes knocking.

Further questions?

If you have questions or would like assistance with your business and tax planning, please contact Kristy Baxter or Angela Stavropoulos from Pilot's Medical division on (07) 3023 1300 or taxmed@pilotpartners.com.au. To read more about Pilot's services, visit pilotpartners.com.au.

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