ST ANDREW'S WAR MEMORIAL HOSPITAL

BEST PRACTICE

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

Winter 2020

500 LIFE SAVING TAVI HEART PROCEDURES AT ST ANDREW'S

Robotic surgery benefitting complex urological cases

Treating paediatric scoliosis

How to detect advanced skin cancer to the skull base

Welcome to the Winter 2020 edition of *Best Practice*.

Well what a start to the year it has been, from bushfires to COVID-19, I don't think any of us could have predicted exactly what lay ahead this year. But we have powered on and weathered the storms!

The St Andrew's War Memorial Hospital team have worked extremely hard during the COVID-19 pandemic to ensure the safety and wellbeing of both staff and patients. Ensuring we were fully prepared was paramount and we set in place measures at all levels to achieve this. Management worked closely with Infectious Diseases Specialist, Dr Hugh Wright, the Medical Advisory Committee, Intensive Care Unit and our Emergency Centre (EC) to deliver a coordinated and cohesive clinical services plan; dedicated isolation areas in the EC and the hospital; staff training in relevant areas; centralised PPE management; and temperature screening among other measures. While we were well prepared, fortunately at the time of writing, we are yet to have a positive COVID-19 patient in the hospital.

Looking to the future, we are hoping for a calmer second half of 2020 and are pleased to bring you a range of other news. In this edition, we celebrate the milestone of completing 500 Transcatheter Aortic Valve Implantation (TAVI) cases at St Andrew's led by Drs Alex Incani and Karl Poon. St Andrew's is now one of the most experienced TAVI centres in Australia, and has performed the highest volume of TAVIs in a private institution in Queensland for four years running. TAVI is perhaps the most transformative cardiac intervention in the past few decades for high risk patients and we are proud to be a leader in this area. This TAVI milestone once again acknowledges the exceptional teamwork at St Andrew's to deliver the best in world class medicine.

It is now more than six months since St Andrew's acquired the latest da Vinci Xi robot, and I am pleased to report it is being used regularly by a range of our surgeons including the team from Brisbane Urology Clinic for the most complex of urological surgical procedures which you can read more about as well.

We also hear from several of our VMP's including Dr Dennis Hartig, orthopaedic spine surgeon about the latest advancements in paediatric scoliosis surgery that are saving people from a lifetime of pain and deformity. While Dr Ryan Sommerville, ENT, Head and Neck, Skull Base Surgeon, provides some advice on helping to detect advanced skin cancer to the skull base, with early detection instrumental in reducing the impact of this disease.

We also pay tribute to an important member of the St Andrew's family and one of Australia's most talented cardiologists - Dr James Cameron, who passed away in January after being diagnosed with an aggressive brain tumor last August. Jim was a compassionate and innovative doctor, teacher, friend and mentor to many. He helped pioneer stenting and angioplasty in Australia 35 years ago, paving the way for thousands of Australians to be spared open-heart surgery. We are grateful for his life but our loss will be felt for a long time to come.

As we gradually transition back to a 'new normal' we thank you for your support and encourage you to get in touch if we can be of assistance in any way.

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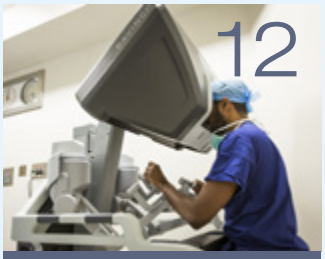


what's inside

VMP PROFILE UPDATES

Dr Sam Chopra

Urologist

T 07 3493 5625

Dr Sam Chopra is an Australian trained Urological Surgeon. He has a special interest in minimally invasive and robotic surgical techniques to treat conditions of the urogenital tract. He completed his specialist urology surgical training with the Royal Australasian College of Surgeons, rotating through all major hospitals in Sydney. At the end of his training, Sam completed a Fellowship year in Urological Oncology, including robotic surgery at Westmead Hospital in Sydney.

After completion of his Urology training and being awarded the Fellowship of the Royal Australasian College of Surgeons (FRACS), Sam gained further experience in the field of minimally invasive and robotic surgery (for urological malignancies) by completing an ERUS (European Robotic Urology Section) certified fellowship in Robotic surgery at Royal Surrey Hospital in Guilford, UK. During his time in Surrey he worked with Prof. Christopher Eden and Mr. Matthew Perry who are pioneers in the field of "Retzius sparing Robotic prostatectomy", a technique which has proven to help patients gain very early recovery of urinary continence post robotic prostatectomy.

Dr Chopra is among a handful of surgeons in Australia to offer this approach for patients opting to have robotic prostatectomy for treatment of localised prostate cancer.

The aim of Sam's practice is to provide his patients with compassionate, evidence based and individualised treatment plans. Special interests include robotic pelvic oncology – prostatectomy, cystectomy, robotic partial nephrectomy, laparoscopic nephrectomy, prostate, renal and urothelial cancer – diagnosis and management, endourology including stones and BPH surgery (TURP, Greenlight laser prostatectomy).

Dr Kieran Dauber

Cardiologist

T 07 3153 4063

Dr Kieran Dauber is an experienced Cardiologist and Electrophysiologist with a special interest in heart rhythm disorders including the assessment and diagnosis of patients with symptoms of arrhythmia. He performs procedures for ablation of cardiac arrhythmias such as supraventricular tachycardia, ventricular ectopy and ventricular tachycardia, atrial fibrillation and atrial flutter.

Additionally, he manages brady and tachyarrhythmia including implantation and follow-up of pacemakers, implantable cardiac defibrillators, and cardiac resynchronisation therapy. Dr Dauber is experienced in management of a wide range of cardiac conditions including coronary artery disease, heart failure, preventative cardiology and valvular heart disease.

Dr Dauber completed his residency and basic training locally in Brisbane and in the United Kingdom before undertaking Cardiology training at the Princess Alexandra Hospital. Additional training was undertaken in Electrophysiology and Pacing at the PA Hospital before a further period of Fellowship at Loyola University Medical Centre in Chicago, USA. Here he worked under the supervision of world experts in the field of cardiac electrophysiology with a focus on ablation of cardiac arrhythmias including atrial fibrillation and ventricular tachycardia.

Dr Lisa Harris

Obstetrician Gynaecologist

T 1300 624 336

Dr Lisa Harris is passionate about women's health and aims to provide her patients with the best possible personalised care.

Dr Harris attended medical school at the University of Queensland, trained across the three major tertiary centres (Mater, RBWH and Gold Coast) as well as peripheral locations for her fellowship.

She is a published researcher on induction of labour and a National Health and Medical Research Council (NHMRC) scholarship recipient for her work on the clinical management of pre-eclampsia.

Lisa offers all aspects of general gynaecology including; laparoscopy, colposcopy for abnormal pap smears and vulval disorders, endometrial ablation and management of heavy bleeding, vaginal surgery (i.e. for prolapse) as well as fertility services.

Dr Nigel Pinto

Vascular Surgeon

T 07 3193 3385

Dr Nigel Pinto attained a Bachelor of Medical Science at QUT. He proceeded to the University of Queensland receiving two memorial prizes on graduation with a Bachelor of Medicine and Bachelor of Surgery.

Dr Pinto completed his residency years in the major surgical hospitals of Brisbane before finalising his specialty training in vascular surgery in secondments both locally at the Royal Brisbane and Princess Alexandra Hospitals and overseas in New Zealand. During this period Dr Pinto attained specialist skills in open and minimally invasive endovascular techniques for both arterial and venous disease along with renal access work.

He was awarded Fellowship of the Royal Australasian College of Surgeons in Vascular Surgery and commenced working as a Consultant Vascular Surgeon at The Royal Brisbane and Women's Hospital and The Prince Charles Hospital in 2017.

Dr Pinto ensures he remains at the forefront of new techniques and specialty innovation attending both national and international expert-led forums. He has been published multiple times himself, been awarded competitive grants for further research and presented his findings at both national and international meetings.

Areas of interest

- Aortic aneurysmal and occlusive disease
- Minimally invasive treatment of lower limb occlusive disease
- Diabetic foot disease
- Minimally invasive treatment of venous disease
- Renal access

From left: Dr Alex Incani and Dr Karl Poon

500 LIFE SAVING TAVI HEART PROCEDURES AT ST ANDREW'S

The St Andrew's War Memorial Hospital team has now performed more than 500 Transcatheter Aortic Valve Implantation (TAVI) procedures, making it one of the most experienced teams in Australia.

For patients who have been diagnosed with aortic stenosis – a narrowing of the heart's aortic valve – but are not well enough to have open-heart surgery, TAVI provides a better option.

Aortic stenosis prevents normal blood flow through the heart and is most often caused by age-related calcification, but can be caused by a birth defect, rheumatic fever or radiation therapy.

Cardiologists Drs Alex Incani and Karl Poon first performed the cutting edge and less invasive TAVI procedure in 2015 at St Andrew's.

Fast forward five years to 2020, and the cardiology team have now performed more than 500 cases of the life-saving procedure; making them one of the most experienced centres in Australia, performing the highest volume of TAVIs in a private institution in Queensland, four years in a row.

Dr Incani said TAVI treatment had improved the quality and longevity of life for patients who would otherwise be deemed untreatable.

"We have developed a fantastic repetition of process which produces excellent outcomes for our patients," Dr Incani said.

"Over the past five years we've been able to maximise the performance of the valve and the safety of the procedure for patients which is something Karl and I feel very strongly about," he said.

"Every patient is different and we strive to achieve the best valve performance by analysing the CT in depth and adapting our procedure accordingly," Dr Poon said.

Dr Poon is delighted with the TAVI milestone and acknowledges the teamwork it takes to achieve it.

"This wouldn't have been possible without St Andrew's generosity in funding the procedure initially and we are privileged to be part of it," Dr Poon said.

"TAVI is perhaps the most transformative cardiac intervention in the past few decades for high risk patients.

"In May this year, TAVI was approved by the Therapeutic Goods Administration as an alternative to surgical aortic valve replacement in the majority of patients and this likely means in the very near future most aortic stenosis patients should be at least considered for TAVI if not treated with TAVI," Dr Poon said.

At St Andrew's, a multidisciplinary team approach combining the expertise of interventional cardiologists, cardiothoracic surgeons, echocardiologists, intensivists, anaesthetists and geriatricians, decides on the best treatment and whether TAVI would be an option.

The procedure is carried out under anaesthetic and involves a small incision in the groin or chest. A new valve is folded up and slipped into a catheter which is then put into a blood vessel. When the catheter reaches the base of the aorta a balloon is opened which inflates the valve. The old valve remains, pushed aside by the new.

St Andrew's War Memorial Hospital Director of Medical Services Dr Michael Gillman said the milestone reflected the hospital's commitment to innovation in cardiac care.

"We were the first private hospital in Queensland to carry out open heart surgery in 1985 and our commitment to provide the most advanced cardiac care to our patients continues today," Dr Gillman said.

JENNY RECEIVES ULTIMATE LIFELINE WITH TAVI

In April, Mackay resident Jenny Kearns was so short of breath from heart problems she was transported to Brisbane's St Andrew's War Memorial Hospital with the help of the Royal Flying Doctors Service (RFDS), and was fighting for her life.

Dr Poon became aware of how unwell Jenny was and organised an immediate transfer. Jenny had previously had open heart surgery at St Andrew's War Memorial Hospital in 2016.

"Thankfully Jenny took her health seriously and initially presented to the Mackay Base Hospital emergency department to seek medical treatment.

"Jenny was becoming gravely ill and we know that when a valve replacement fails, it can fail very rapidly," Dr Poon said.

She arrived via RFDS within 24 hours.

Dr Incani analysed Jenny's scans on her arrival to the hospital.

"In just a matter of days, scans showed her heart struggling even more and all her heart valves failing as well. If there was ever an emergency TAVI this was it," Dr Incani said.

Jenny had the procedure awake, as her fragile status could not tolerate general anaesthesia, which is how the procedure normally occurs. Jenny had her heart valve replaced through a 5mm groin incision.

"The fact is, she probably would not have survived open heart surgery again, her risk of dying from the procedure was about 30 times our usual patients," Dr Poon said.

A week later she was back home attending her garden.

TAVI patient Jenny (right) with her daughter Jodie

NEWS IN BRIEF

► ANZAC DAY 2020

This year's ANZAC Day was very different to how St Andrew's War Memorial Hospital would usually mark the day with COVID-19 preventing any large scale gatherings on-site.

As the largest war memorial hospital in Australia and the only one in Queensland, we held a service in the chapel (with three people in attendance) followed by a wreath laying. General Manager Mairi McNeill's son Aidan also played the bagpipes which meant the day was still commemorated - albeit on a smaller scale which our in-patients enjoyed.

From left: Helen Hill, Aidan Scott, Mairi McNeill

▼ CARE TO SHARE

Our latest series of Care to Share videos are now online. The videos are aimed at providing simple information, inspiration and support from our passionate team of healthcare professionals accessible to the wider community.

The videos are available on our website and Facebook page and cover a broad range of health topics.

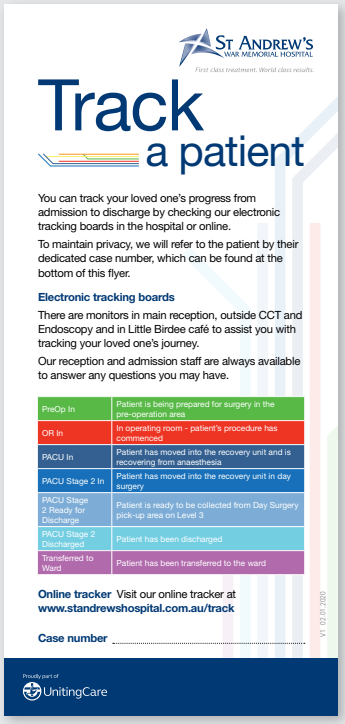
For information please visit standrewshospital.com.au/care-to-share or our Facebook page.

► TRACK A PATIENT ONLINE

Family and friends can now track their loved one's progress at St Andrew's from admission right through to discharge by checking electronic tracking boards in the hospital or online via a patient tracking system on our website.

To maintain privacy, patients are required to use a dedicated patient case number.

Find out more here standrewshospital.com.au/track



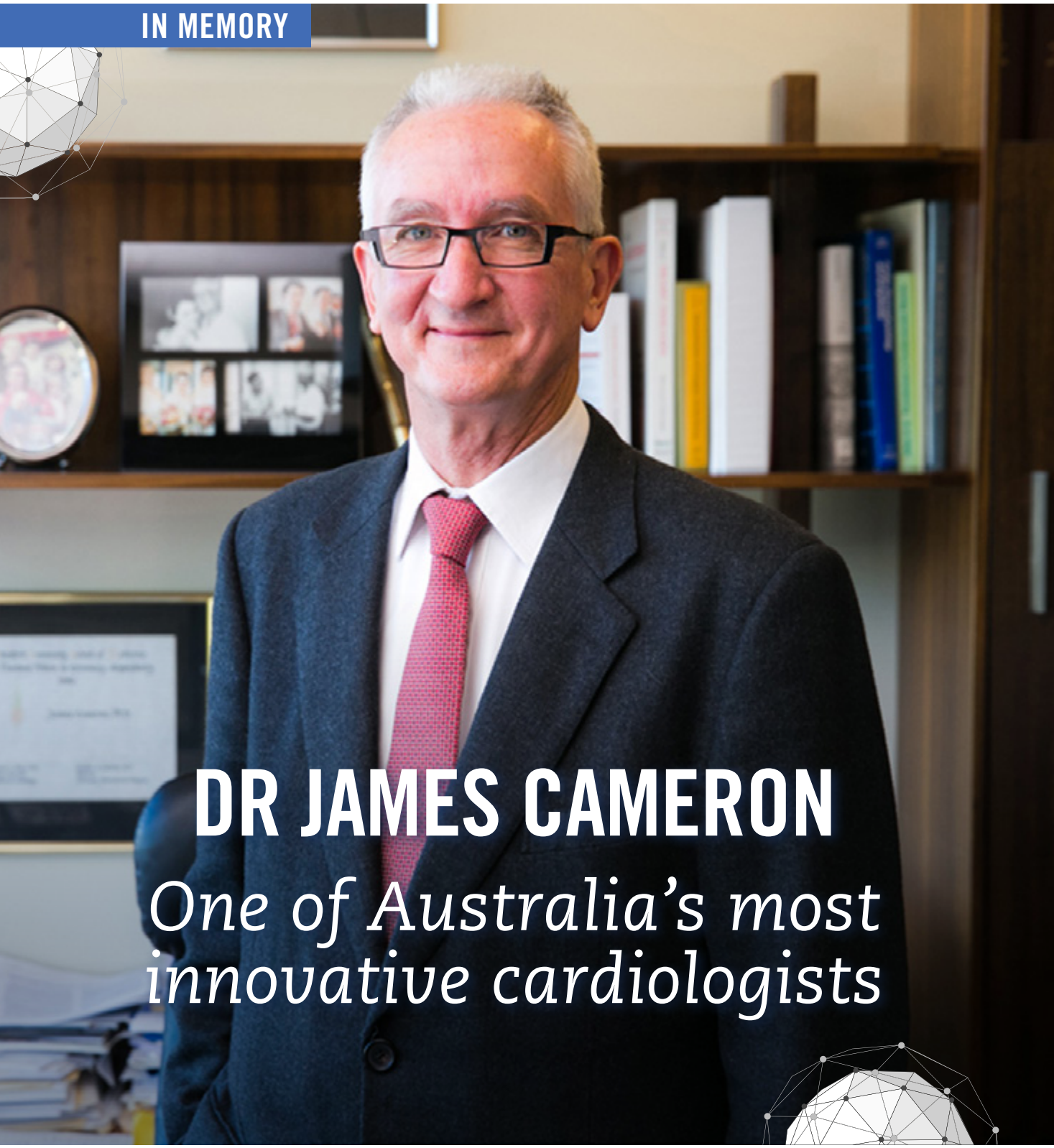
2020 YEAR OF THE Nurse & Midwife

CELEBRATING OUR NURSES

At St Andrew's we have around 700 nurses who work tirelessly to care for and look after our patients.

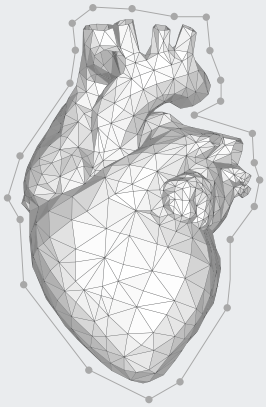
2020 has provided the perfect opportunity to shine a light on our nurses and celebrate their role in providing health services. The year coincides with the 200th anniversary of the birth of Florence Nightingale; widely regarded as the founder of modern nursing.

To read about some of our amazing nurses, you can visit our Facebook page or our website standrewshospital.com.au



DR JAMES CAMERON

One of Australia's most innovative cardiologists



Dr James Cameron, one of the pioneers of stenting and angioplasty in Australia, passed away in January at the age of 67. He had battled an aggressive brain tumour since August last year.

Dr Cameron was a stalwart at St Andrew's War Memorial Hospital as a Founding Director of Queensland Cardiovascular Group (QCG) from 1993, and Managing Director until late 2019. Under James' direction, QCG became one of Australia's leading cardiology practices and he played an integral part in creating a culture of compassion, focussed on patient experience, best outcomes, and excellence in cardiovascular care. QCG is headquartered at St Andrew's War Memorial Hospital where he was a Visiting Medical Officer from 1986 until 2019.

James graduated with first class honours from the University of Queensland Medical School. Following the completion of his postgraduate training, he undertook a two year clinical and research training Fellowship in the United States, attending both New England Medicine Centre in Boston, and Stanford University Medical Centre in Palo Alto, California. James was awarded Fellowships with the Royal Australasian College of Physicians, the Cardiac Society of Australia and New Zealand and American College of Cardiology.

James was an active member of the Wesley Research Institute, formerly St Andrew's Medical Institute. He was Chair of Australasian Cardiac Outcomes Registry, and past President of Cardiac Society of Australia and New Zealand. He was passionate about teaching, and was heavily involved in the continuing professional development of general practitioners. James had regular involvement in the teaching and supervision of trainees and advanced trainees in cardiology, as well teaching of undergraduates and graduates in medical school.

James' clinical research was published in over 80 journals and abstracts. His major areas of interest in research included statistical process control methods in assessing cardiovascular procedural outcomes, particularly percutaneous coronary intervention and cardiac bypass surgery, with a number of publications including comparison studies.

Fellow QCG cardiologist and friend Dr Wayne Stafford said James' postgraduate studies at Tufts New England Medical Centre in Boston and at Stanford University Medical Centre in California, where he was a Fulbright Fellow from 1984 to 1986, paved the way for thousands of Australians to be spared open-heart surgery.

Instead, they were able to be treated with less invasive techniques such as the insertion of a stent to open narrowed arteries, performed with a simple needle puncture.

Since 2013, he had played a key role in the Heart of Australia initiative, which has given 8,000 patients so far, access to heart checks and basic procedures on well-equipped trucks that traverse the far reaches of regional Queensland.

Dr Cameron is survived by his wife, Dr Margaret Cameron, and children Emma, Madeleine, Naomi and Hamish. His son Gordon passed away in 2018.

St Andrew's will unveil a plaque in Dr Cameron's honour as soon as it's safe to do so (due to COVID-19).

ROBOTIC SURGERY BENEFITTING COMPLEX UROLOGICAL CASES AT ST ANDREW'S

Dr Ano Navaratnam

St Andrew's is now well-equipped to handle the most complex of urology cases with the hospital's newly acquired da Vinci Xi robot. Since the arrival of the robot in October 2019, the team from the Brisbane Urology Clinic (BUC) have been routinely undertaking robotic cases at St Andrew's with over 50 cases now completed, many of which were complex.

Dr Anojan (Ano) Navaratnam, urologist with Brisbane Urology Clinic at St Andrew's said the complex cases they are undertaking robotically include partial and radical nephrectomies, radical cystectomies with creation of ileal conduit or neobladder, ureteric reconstruction and lymph node dissections.

"St Andrew's significant investment into the robot with the latest software and ancillary items like the paired operating table and air seal device, make undertaking these complex surgeries possible in a safe manner for patients," said Dr Navaratnam.

Having recently returned from completing his robotic fellowship at the Mayo Clinic, Dr Navaratnam said in addition to the latest robot at St Andrew's, the support of the hospital's other surgical disciplines, including general surgery, together with the personalised approach to patient care offered at St Andrew's was greatly beneficial to patients.

Prior to robotic surgery, complex urology cases like partial nephrectomies, required open-surgery with a large flank incision; post-surgery hospitalisation for up to seven days; and minimal activity for up to six weeks. The risk of bleeding was also as high as 5%.

However, Dr Navaratnam said by undertaking this surgery robotically the incisions are small; hospitalisation was only required for one to two days; and the risk of bleeding necessitating a blood transfusion or angioembolization was down to 1%. Patients can be back to their usual activity with preserved kidney function as soon as two to three weeks following their surgery. The robotic approach also allows for more complex renal tumours to be excised whilst preserving the remainder of that kidney (nephron sparing) where previously, the patient may have been committed to a radical nephrectomy.

During COVID-19, Dr Navaratnam said robotic surgery has been particularly beneficial for urgent elective urological surgery cases.

"Surgery with the robot allows for less resource utilisation post-operatively as patients are in and out of the hospital faster and with fewer complications, which is all important for our urgent cases and high risk patients during COVID-19," he said.

While the robot is helping with complex urological surgeries it is also benefiting the more standard procedures like radical nephrectomy, radical prostatectomy, varicocoele repair and pyeloplasty. It is also allowing patients with multiple health issues and elderly patients to undergo major surgery who would otherwise be ineligible for open surgery.

Dr Navaratnam and his BUC colleagues have performed robotic partial nephrectomy, robotic radical cystectomy with intracorporeal ileal conduit, robotic varicocele repair, ureteric reimplantation and robotic pyeloplasty in addition to robotic radical prostatectomy at St Andrew's since the introduction of the robot in 2019.

The Brisbane Urology Clinic is one of the most experienced and highly credentialed urology groups in Australia and pioneered the first robotic prostatectomies in Brisbane 15 years ago. Dr Tim Smith, Dr Jonathan Chambers, Dr Jason Paterdis and Dr Ano Navaratnam all hold fellowships in robotic surgery. It is the only group to offer a comprehensive robotic surgery service at St Andrew's War Memorial Hospital for urological conditions.

Robotic Urology Surgery at St Andrew's

- Partial nephrectomy
- Radical nephrectomy
- Radical prostatectomy
- Radical cystectomy
- Retroperitoneal lymph node dissection
- Varicocoele repair
- Pyeloplasty
- Ureteric Reconstruction

Brisbane Urology Clinic specialists currently performing surgeries at St Andrew's include:

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

Contact details

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VMP ADVICE

THE GP'S ROLE IN HELPING TO DETECT ADVANCED SKIN CANCER TO THE SKULL BASE

Dr Ryan Sommerville

The prevalence of skin cancer in Australia is well known. Less commonly known, is that northern states, such as Queensland, have rates of non-melanomatous skin cancer (squamous cell carcinoma and basal cell carcinoma) that are several multiples greater than our southern cousins. The burden of this disease is greatest in the rural areas where occupational and lifestyle exposure are even greater than our outdoors way of life in Brisbane. For those of us that treat skin cancer, with its head and neck manifestations, it still seems to be as great a problem as in previous years, despite the widespread use of high SPF sunscreens.

A general practitioner who sees patients with skin cancer is really the first and most regular point of contact for these patients, and can be instrumental in reducing the impact of the disease. As well as regular skin checks, there are a few other simple checks that can be incorporated into a routine examination. As the head and neck is the most commonly affected area of the body by skin cancer (especially the forehead, ears, nose and lips), an examination of the cervical lymph nodes is worthwhile for patients affected with many or severe skin cancers. If done routinely this can be done quickly and simply – detecting a prominent lymph node early can be a game changer for the patient in regards to survival and treatment options. Any patient needing regular skin cancer checks or skin lesion removal should have a check of their regional neck nodes at the same time. Removing the lesion is just one part of the patient's management. This is most important for SCC's and melanomas in comparison to BCCs, which rarely have lymphatic spread.

Approximately 5-10% of skin cancers, mostly SCCs, will also spread to the local nerves that supply that area. If the nerve involvement is only detected on pathology testing after removal and the patient did not present with clinical symptoms prior to removal (paraesthesia, numbness, pain) then it is likely to be what is termed "small nerve invasion".

This sort of perineural invasion is not detectable on even high-level MRI scans. It is associated with worse outcomes and adjuvant treatment such as local field radiotherapy should be considered.

However, any patient with a current (or previously removed) skin cancer whom also has perineural symptoms, such as those mentioned above, needs an MRI directed by a head and neck cancer specialist. MRI-detectable perineural invasion with appropriate symptoms of and a history of skin cancer is "large nerve perineural spread" and this entity has a greater chance of recurrence and death due to the cancer. Treatment decision making is complicated and requires assessment at a Head and Neck Cancer Unit (e.g. Royal Brisbane and Women's Hospital, Princess Alexandra Hospital). This is due to the frequent need for skull base resection of the involved nerve to a clear margin. There is a significant survival benefit from clear

margins of excision of the primary lesion and the involved nerves. These patients will often need complicated multi-specialty surgical care and post-operative radiotherapy.

Any practitioner with concerns that their skin cancer patient has symptoms or signs of nerve involvement should urgently attain advice prior to excision of the lesion. If the lesion was removed previously, even if with clear margins, and the nerve symptoms occur many months later in that area then the doctor should still attain advice – many of our patients had their index lesion removed many months prior to the onset of the nerve symptoms.

Practice points:

- Queensland is a world leader in prevalence and treatment for advanced skin cancer;
- Regular routine examination of the neck lymph nodes should occur in patients with head and neck skin cancer;
- Incidentally detected small nerve invasion on pathology reports should trigger discussions for adjuvant treatment, even if clear margins attained;
- Any skin cancer patient with progressive symptoms of cranial nerve invasion either prior to excision of the lesion, or developing many months after, need assessment by a head and neck cancer specialist. They may also need formal skull base surgery opinion;
- MRI imaging is integral to assessment of the nerve invasion and will be directed by the specialist.

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TAILOR YOUR OWN PACKAGE AT THE ST ANDREW'S SESSIONAL SUITES

"My patients find the Sessional Suites very 'people-friendly'. The large waiting area is very important when they are recovering from surgery. While we do all we can to minimise waiting times for our patients, having a comfortable waiting area is definitely a positive for the patient experience."

Prof David Paterson
Infectious Diseases Specialist

ST ANDREW'S WAR MEMORIAL HOSPITAL OFFERS SEVEN MODERN, COMPETITIVELY PRICED SESSIONAL SUITES ON LEVEL SIX OF THE HOSPITAL FOR VISITING DOCTORS.

They are ideally located on the edge of the CBD in Spring Hill, with a range of parking, public transport and accommodation options close by.

The newly fitted out interior features modern high quality furnishings and fittings, extensive waiting areas, reception, administration room and staff room. Patients benefit from direct-hospital access and easy mobility access.

FEATURES

- MODERN DESIGN
- VARIOUS PACKAGES AVAILABLE
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- COMPETITIVE RATES
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Visiting doctors can choose a range of services to be incorporated into their package including: meet, greet, receipt, theatre billing, debt collection and medical typing. Reception staff currently utilise the Genie booking platform, however doctors can bring their own software and medical administration if required.

Wireless internet, telephone, fax, photocopier and scanner are all available.

The hospital also operates a café onsite and patients can access the direct drop-off and pick-up zones at the hospital's main foyer and entrance if required.

CALL OUR TEAM TODAY

TO DISCUSS THE VARIOUS BOOKING AND PACKAGE OPTIONS AVAILABLE

T (07) 3831 6202
E SABU@uchealth.com.au

PAEDIATRIC SCOLIOSIS

Q&A with Dr Dennis Hartig

Dr Dennis Hartig is an orthopaedic spinal surgeon at St Andrew's War Memorial Hospital. He divides his time between adult and paediatric spinal surgery, treating issues as varied as simple disc procedures to complex spinal deformity, spinal trauma and spinal cord injury as well as spinal tumour. From the paediatric perspective, his focus is on scoliosis and paediatric spinal trauma. He has undertaken hundreds of adult and paediatric scoliosis surgeries during his career and on average, focuses two days a week on paediatrics.

Q: What is paediatric scoliosis?

A: In the simplest of terms, "scoliosis" is a curvature of the spine - more specifically, it is a multi-planar deformity of the spine affecting the coronal, sagittal and axial planes.

"Paediatric scoliosis" is an umbrella phrase encompassing a wide variety of conditions (congenital, neuromuscular, syndromic, idiopathic etc.) which present with pathological curvatures of the spine in the paediatric population. Although the most noticeable (radiological) aspect is the curve or curves away from the midline in the coronal plane, the thing most patients are most bothered by are the effect on cosmesis in the axial plane (the "rib hump") and/or pain.

Q: Who does it affect?

A: The most common form of scoliosis, Adolescent Idiopathic Scoliosis (or AIS), affects ~3% of the healthy population. By a ratio of 2:1, girls are more affected than boys. As is implied by the title, the exact aetiology of AIS remains unclear - but it is a genetic condition as it affects all ethnicities and socio-economic groups at an equal rate. The classical patient is often an athletic and healthy, teenage girl who is about to go through a growth spurt or has recently completed one.

Some of the other, less common patterns, of scoliosis are associated with neuromuscular conditions or syndromes, such as cerebral palsy, or associated with abnormalities of in-utero development, which can give rise to congenital curvatures of the spine. In these instances the spine curves due to an imbalance of muscle forces acting on the spine or a failure of formation or segmentation of the spinal column respectively.

These should not be confused with degenerative scoliosis - which is common in the population over the age of 60 and which stems from the processes of intervertebral disc degeneration. This can produce curves of a similar radiological appearance but with very different treatment modalities and options.

Q: What are the treatment options?
A: In most instances, simple reassurance is the most valid treatment option: most scoliosis does not progress to the stage of requiring intervention. Having said this - identification of those curves at risk of progressing into the severe range is the issue: for this subset of scoliosis (once identified) the treatment options are serial clinical and radiological review while still growing, the application of a brace to "guide the growing" and, in the most severe cases, spinal fusion surgery to correct the deformity.

Q: When is surgery required?
A: Any curve with an angle of greater than 40 degrees has the potential of causing long-term impact on quality of life. Surgery is indicated when the scoliosis is causing (or will cause) an impact on the quality of life.

In the paediatric population, particularly the fit healthy and active, this element of "problems later" can sometimes be a confronting issue. While the patient may not have an issue with their spinal health currently, their curve may inevitably progress to the stage of causing serious disability years later.

Surgery has been proven to improve quality of life by reducing pain, preventing cardiorespiratory dysfunction, improving cosmesis and/or avoiding these effects/outcomes as time passes.

Q: What is involved in the surgery?
A: The simple answer is that surgery aims to 1) correct the pathological curvature of the spine and 2) permanently hold the spine in this improved position.

The more complex answer is that this can be accomplished in many different ways: the end goal is to obtain a solid fusion of the spine in an improved position, maximising the patient's ability to perform "normal" activities. This can be accomplished from the back, in a traditional posterior spinal fusion or alternatively from the side/front as an anterior spinal fusion. The latter may involve a thoracotomy or retroperitoneal approach to the spine.

Surgery of this nature usually takes 3 to 5 hours, depending on the complexity of the curvature. Despite the magnitude of the surgery, this is usually very well-tolerated by the patients who routinely leave hospital less than a week post-op, return to school within 4 weeks and are back to playing sport/"normal" by about 6 months post operatively.

Q: What are the pros and cons of surgery?
A: As with all surgery there are pros and cons. Aside from the recovery from surgery itself, the main perceived "con" of surgery is the reduction in spinal motion inherent in any spinal fusion operation. This has to be compared to the loss of function caused by abnormal spinal biomechanics as a consequence of the underlying pathology left untreated. Patients and/or their parents are invariably, whether they admit it or not, concerned about the risk of spinal cord injury. This is thankfully, exceedingly rare and the patient's fears usually vastly exceed the true risks of the surgery.

The "pro" of intervention is arresting and reversing the (otherwise capricious and progressive) spinal deformity and the manifold effects this does have on quality of life.

Q: Are there any new surgical techniques?
A: Surgery is a constantly evolving process. Nowhere is this more evident than in scoliosis surgery. The horror stories of scoliosis surgery from even a generation ago are literally a thing of the past: there have been great advances in pre-operative, intra-operative and post-operative care of the scoliosis patient. For example, we routinely use intraoperative spinal cord monitoring to minimise the risk to patients. Decision-making (when to operate and how to best operate) has been vastly improved by well conducted evidence based medicine research. From a surgical technique perspective, there are constant advances and new techniques available and being trialled: Vertebral Body Tethering and Magnetic Growing Rods are just some of the techniques that have been in the media in recent times.

Q: What kind of recovery is expected?
A: Scoliosis surgery by its nature is major surgery. As mentioned above, the advances in techniques have translated into a significantly improved recovery. Most young people are out of bed and ambulant the day after surgery. After early recovery from the operation itself, the rate-limiting step becomes the solid fusion of the bones of the spine in the improved position. This is what holds people back from rollercoasters and contact sports for approximately 6 months from surgery. Following this, the expectation is that people go on to lead a healthy and otherwise normal life.

Q: Have advances in treatment improved the outlook for these patients?
A: Yes, absolutely. The benefit is really felt in the long-term. The natural history of untreated severe scoliosis is one of unremitting progression. As curve magnitude progresses through life this is associated with decreasing mental health due body image, increasing pain and dysfunction, and at its most severe extent cardio respiratory morbidity and mortality.

Q: Do you have any other interesting facts about scoliosis?
A: Sure. The first notable person to treat and write about scoliosis was Hippocrates. Animals can suffer scoliosis too, and incredibly, Usain Bolt has scoliosis!

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SPOTLIGHT

SEVERE AND BRITTLE ASTHMA

St Andrew's War Memorial Hospital has recently welcomed Drs Lauren Galt and Alex Ritchie to their team of respiratory medicine VMPs. Their practice (Inspiration Respiratory and Sleep) focusses on respiratory medicine, bronchoscopy and sleep medicine, with one of their special areas of interest being the management of difficult and persistent asthma.

Dr Galt said for some, asthma can involve debilitating chronic breathlessness, poor exercise tolerance and reduced quality of life. However, the management of asthma has advanced greatly in recent years, to assist these people better.

"There are now targeted therapies for some patients with severe asthma, and we are seeing great results for our patients in treating the other diseases which may worsen asthma, including sinus disease, post-nasal drip, reflux disease and allergy," Dr Galt said.

Difficult asthma, Dr Galt said, can be due to its severity or brittleness. In particular, persons with severe disease require high doses of inhaled corticosteroids as well as a second controller agent to prevent it becoming uncontrolled. They may also require systemic corticosteroids. Uncontrolled asthma has the burden of the above symptoms, i.e. a high medication load and frequent, often severe, attacks leading to significant morbidity.

"In comparison, well controlled asthma means that the patient has symptoms during the days twice a week or less, no nocturnal symptoms and no limitation of normal activities," Dr Galt said.

When assessing asthma, Drs Galt and Ritchie utilise three key measures:

- **Clinical questionnaires**: such as the Asthma Control Questionnaire (ACQ) which provides a validated, reliable and repeatable score to assess symptom burden
- **Peak flow meter recordings**: provides information about the day to day changes in symptoms burden. This is especially helpful when there are environmental/occupational triggers and can be helpful in identifying triggers
- **Serial lung function testing**: we largely utilise spirometry but also fraction of exhaled nitric oxide (FeNO).

Dr Galt and Dr Ritchie employ a systematic approach to managing all complex asthma patients, including:

- Addressing co-morbid diseases like: reflux; vocal cord dysfunction; muscle tension dysphonia; post-nasal drip and rhinosinusitis; and obesity
- Assessing inhaler technique
- Assessing compliance (frequency of prescriptions, patient reporting)
- Starting with inhaled corticosteroids, adding LABAs and then LAMA inhalers as required
- Considering Montelukast for patients with nasal polyposis, aspirin sensitivity
- Looking for and treating complications of Prednisolone use including: cataracts; osteoporosis; diabetes; obesity; and sleep apnoea
- Then ultimately, if still uncontrolled, considering one of the new biologic therapies i.e. high eosinophils – Benralizumab/Mepolizumab; or high IgE – Omalizumab.

Dr Galt advises that a range of patient situations should trigger a referral to a specialist for further asthma investigations including: if there is any uncertainty around the diagnosis; if there are two or more flares per year or one severe flare requiring hospitalisation; if the patient requires more than medium-high dose inhaled corticosteroid and a LABA; if there is a co-existent vocal cord dysfunction/muscle tension dysphonia.

"The ongoing management of difficult asthma is critical for long-term success and includes an aligned action plan; vaccinations; pulmonary rehabilitation; inhaler technique reviews; and managing co-existent disease(s)," she said.

A core focus of the treatment of difficult asthma at Inspiration Respiratory and Sleep, is investing in treating all the other diseases that can impact the airway and worsen asthma in patients.

"We call it a united airway – the area above the vocal cords including the nose, and the area below the vocal cords. It is difficult to control the lower airway without controlling the upper," said Dr Galt.

"We see a great deal of patient satisfaction and improvement in their quality of life from improving these associated conditions."

Inspiration Respiratory and Sleep's special interest areas include:

- **Difficult and persistent asthma**: biologic therapy for asthma; inpatient aspirin desensitization; bronchial challenge testing
- **Thoracic oncology**: lung nodule assessment and multidisciplinary lung cancer management
- **Occupational lung disease assessment**
- **Chronic cough**: assessment and management of difficult and persisting cough
- **Dyspnoea**: comprehensive multidisciplinary assessment of Dysponea
- **Complex sleep disordered breathing**: mixed or central sleep apnoea, sleep apnoea complicating cardiorespiratory disease, neuromuscular weakness associated sleep disordered breathing
- **Insomnia and circadian rhythm disorders**: delayed or advanced sleep phases.

Dr Lauren Galt

Dr Alex Ritchie

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BE SEEN IMMEDIATELY FOR ANY SPORTS INJURY EMERGENCY FOR $100 FLAT FEE

Patients from 0 to 99 (and beyond!) who have been injured in the course of practicing or playing sport (team or individual) can access St Andrew's War Memorial Hospital's Emergency Centre for a $100 flat fee.

Dr Kim Hansen, Director of Emergency at St Andrew's War Memorial Hospital said sports injury patients, whether from a sporting organisation, school or independent sport, will be seen immediately by the experienced EC team which includes senior doctors on duty 24 hours 7 days a week.

"We also have rapid access to a very wide range of specialities and modalities if needed. For example, if a patient presents with a knee injury, we can get an MRI the same day and arrange for prompt follow-up with a knee specialist," Dr Hansen said.

Similarly, for hips, ankles, shoulders and wrists or for neurology, cardiology, endocrinology, respiratory and gastroenterology, we have immediate access to specialists in all areas for review or admission if required.

The hospital's broad range of surgical sub-specialities can be quickly accessed too, including paediatric orthopaedics, spinal surgery, urology, and hand surgery among others.

Dr Hansen said that the most common sporting injuries to routinely be seen, continue to be limb injuries, specifically wrist fractures, ankle sprains, ankle and foot fractures, shoulder dislocations, and hand fractures.

"We also see concussion and other head injuries from a whole range of sports from football to cycling and everything in between," she said.

St Andrew's Emergency has a direct hotline (07 3834 4490) for GPs to call for advice or to discuss a patient.

Dr Hansen said "I'm more than happy to be contacted at any time by GPs who would like to discuss a case, learn more about our service or simply provide feedback."

St Andrew's Emergency Centre offers state-of-the-art equipment including life-saving critical care resuscitation areas; bedside ultrasound and echocardiography; orthopaedic procedure rooms; a dedicated paediatric assessment room; and specialised ear, nose, throat (ENT) and eye equipment.

The $100 sport injury fee is the out-of-pocket expense (GAP) for treatment at the Emergency Centre after Medicare Rebate. St Andrew's also has the lowest fee ($220 out-of-pocket for a standard consult) of any private emergency department on Brisbane's northside.

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MONEY MATTERS

BEWARE OF INCREASED SCAMS IN TIMES OF CRISIS

During this time of uncertainty and disruption scammers are taking advantage of the spread of COVID-19 (coronavirus). The scammers exploit and play on the fears of many unsuspecting members of our community including medical professionals, during what is likely the most challenging time of their careers.

To help you avoid coronavirus scams and their subsequent consequences, it is important to be aware of common scams, including:

- Emails, text messages and phishing scams disguised as messages from government and other organisations. These messages include malicious links that download malware, which gives cybercriminals access to your personal data;
- Third party seller scams on legitimate online retail websites such as Amazon. The scams include products with fake return policies, fraudulent claims or sales of damaged, expired, counterfeit or unsafe products;
- Fundraising scams by fake charities who solicit donations and purport to be involved in fighting the spread of the coronavirus;
- Misinformation about the coronavirus being sent by text, social media and email;
- Investment scams claiming coronavirus has created opportunities;
- Illegal price gouging on safety or treatment products.

Scammers are known for impersonating organisations such as:

- World Health Organisation;
- Center for Disease Control and Prevention (the US CDC);
- State government Department of Health; and
- Australian Taxation Office (ATO), including MyGov.

Our top tips for staying safely away from scams are as follows:

- Do not click on links from unknown sources. Check the website link by hovering over the link;
- Watch for emails claiming to be from government departments or other organisations. Visit the secure website directly for current information;
- Keep your computer security current with anti-virus and anti-spyware software as well as your firewall; and
- Research before donating to charities or crowdfunding sites. Particularly be aware of scams asking for gift cards as this will never be an authorised donation site.

Further questions?

If you have any questions or concerns about the above information, 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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