Dear Doctor

Welcome to this month’s edition of our GP e-News. I hope you enjoy reading all about what’s going on here at Macquarie University Hospital. In this instalment we highlight a number of new clinics on campus. These services are designed to provide patients with improved access to comprehensive, coordinated multi-disciplinary care.

In this edition, we also invite you to a series of GP educational events designed at providing you with the latest developments in some of our key specialty areas. I do hope you get a chance to come along to one of these events and hear our accredited doctors speak about their areas of expertise.

Finally, I’d like to take this opportunity to welcome Associate Professor Vincent Lam who takes up the position of Professor of Surgery in the Faculty of Medicine and Health Sciences. Professor Lam brings a wealth of experience to both our Hospital and Faculty and we are absolutely delighted to have him on board.

Carol Bryant, CEO
Macquarie University Hospital

If you would like to receive further information about our GP education activities for 2018, please email events@muh.org.au
We are delighted to welcome Dr Robin Gasiorowski to Macquarie University Hospital. He joins Dr Jonathan Blackwell who has been at the Hospital since it opened. Both are highly experienced clinical and laboratory haematologists with practices covering malignant and non-malignant haematological conditions.

Dr Gasiorowski’s position at the Hospital enhances services for a broad range of haematology patients – from patients with DVTs and PEs, to those with abnormal blood results or diagnosed blood disorders, such as leukaemia, lymphoma and myeloma.

“With my addition to the team, we now have the capacity to see patients more quickly,” said Dr Gasiorowski. “If additional services are required, CT and PET scans can be performed on site, chemotherapy can be delivered through the oncology suite and we have an excellent radiotherapy service.

“We are able to offer this comprehensive service all within the hospital building, streamlining patient care and adding to convenience.”

Dr Gasiorowski has a PhD from the University of Sydney that focused on developing novel antibody therapies for Acute Myeloid Leukaemia. He is actively engaged in clinical research and joined Macquarie University Hospital to establish the haematology component of the University’s MD program.

He now works as a clinical and laboratory haematologist looking after a broad range of patients with both malignant and non-malignant haematological conditions. As a Senior Lecturer at both the University of Sydney and Macquarie University he is involved in training medical students and junior doctors at all stages of their careers. He also has a strong interest in clinical research, particularly in the development of novel immune therapies for patients with blood cancers.

DR JONATHAN BLACKWELL

Dr Jonathan Blackwell is a graduate of the University of Sydney and has been in practice for more than 20 years. He works in both clinical and laboratory settings across a broad range of malignant and non-malignant haematological conditions – including thrombosis. He previously trained and worked at various sites, including Royal Prince Alfred Hospital, the Leukaemia Unit at Hammersmith Hospital in London and the Mater Hospital, where he was a consultant haematologist.

Dr Blackwell is a member of the Haematology Society of Australia and New Zealand, the Australian and New Zealand Society of Blood Transfusion, the Society of Obstetric Medicine of Australia and New Zealand and the American Society of Haematology.

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ENHANCED HAEMATOLOGY SERVICES: IN ONE LOCATION

• Two on-site haematologists provide capacity to see patients quickly
• The Hospital has a PET scanner and radiotherapy services on site, for any additional scans or treatment required
• The Hospital’s chemotherapy suite is available for treatment of haematology patients
WELCOME TO THE ATRIAL FIBRILLATION CLINIC

AF often causes significant limitation to leading an active lifestyle due to symptoms of palpitations, dizziness, shortness of breath and fatigue. The aim for managing these symptoms is to reduce the burden of AF and maintain a normal heart rhythm. There are a variety of medical interventions that a cardiologist may prescribe or recommend. However, a growing body of scientific evidence has proven that the right lifestyle changes can have a similar or perhaps greater impact than medical intervention on reducing symptoms.

WHY CHOOSE US?

Our multidisciplinary team approach allows us to discuss with you evidence-based management options that are proven to improve quality of life. You’ll receive a comprehensive evaluation and individualized treatment plan. This will empower you to take control of your disease under the guidance of your GP and healthcare team.

The clinic’s multidisciplinary patient-centred model is the first of its kind in New South Wales. During a two-hour appointment, comprehensive assessments are undertaken by a team of specialists: dietitian, exercise physiologist, clinical nurse consultant and cardiologist. Appropriate non-invasive cardiac evaluation is performed in a coordinated one-stop service for ECG, ambulatory ECG and cardiac ultrasound (echocardiography), along with other streamlined specialist referrals as required.

Additionally, our cardiothoracic surgeons work alongside our electrophysiologists to offer you the full range of options for non-pharmacological treatment of symptomatic paroxysmal, persistent and longstanding AF, such as:

- transvenous access catheter ablation
- surgical cryoablation during concomitant cardiothoracic surgery
- hybrid ablation using minimally invasive surgical epicardial and transvenous procedures.

We understand that a multi-faceted approach is essential to deliver patient-focused care and so we strive to provide appropriate education while including other caregivers in the discussion.

Following the assessment, a personalized treatment plan is developed and sent to patients and their GP.

For ongoing management, patients are encouraged to continue working with the specialist dietitian and exercise physiologist. This will empower patients to review the patient’s progress as they work towards your agreed treatment goals.

MQ HEALTH CARDIOLOGY NOW OFFERS A COMPREHENSIVE ATRIAL FIBRILLATION (AF) CLINIC, OFFERING BENEFITS TO PATIENTS WHO ARE NEWLY DIAGNOSED OR HAVE LONGSTANDING, PERSISTENT AF.

CALLING ALL WOMEN... ARE YOU AT RISK OF A HEART ATTACK?

HEART DISEASE IS THE SINGLE BIGGEST KILLER OF AUSTRALIAN WOMEN. IT KILLS 3 TIMES AS MANY WOMEN AS BREAST CANCER. HOWEVER AWARENESS IS STILL LOW, <40% OF WOMEN KNOW HEART DISEASE IS THE LEADING CAUSE OF DEATH IN WOMEN.

SOME WORRYING FACTS:

- Every hour of every day, an Australian woman dies of heart disease. In 24 female lives are lost every day!
- 1 in 2 Australian women die each day from a heart attack.
- One woman dies of a heart attack every two hours.
- 50 Australian women have a heart attack each day.
- Women have increased mortality compared to men after a heart attack.

WOMEN WITH A HEART ATTACK OFTEN HAVE AN ATYPICAL PRESENTATION

- 44% of women will not present with chest pain.
- Other symptoms include pain in the jaw/neck/throat/shoulder/arm;
- Shortness of breath, a cold sweat, extreme fatigue, dizziness, and nausea.

RISK FACTORS:

- 90% of women have at least one risk factor for heart disease.
- 50% have 2 or more risk factors.
- 1 in 3 women have high blood pressure or high cholesterol: nearly half a million aged 16-65 have high blood pressure or high cholesterol without knowing it.
- A woman’s risk of heart disease increases after menopause and gradually equals that of men.

Traditional Cardiovascular risk factors include: high blood pressure, high cholesterol, diabetes, smoking, a family history of heart disease, being overweight/obese, physically inactive, depression.

- 1 in 3 women have had a heart health check with their GP.
- The Heart Foundation recommend a “heart health check” for women: >50y.

YOUNG WOMEN AND HEART DISEASE

- Risk factors don’t just begin after menopause, they start to appear in the late teens and early 20s.
- For women aged 18-44, 1 in 10 have high blood pressure, 1 in 3 have high cholesterol, close to 1 million are obese and >1 million are overweight.

OTHER RISK FACTORS THAT ARE PARTICULAR TO WOMEN

- Obstructive risk factors: High blood pressure in pregnancy and preeclampsia, eclampsia, gestational diabetes, preterm delivery, low birth weight (<2500g), stillbirth/miscarriage, all increase future cardiovascular risk.
- Polycystic ovarian syndrome – increases risk of future CVD, high blood pressure, diabetes and the metabolic syndrome.
- Autoimmune diseases (e.g. rheumatoid arthritis, SLE) are more prevalent in females, and increase their relative risk of coronary artery disease.
- Radiation and chemotherapy for Breast cancer – chest radiation increases risk of ischaemic heart disease, particularly on the left side. Certain chemotherapy agents increase the risk of developing heart failure.

YOUNG WOMEN AND MIS

- Despite the reduction in MIs in the general population, there has been an increase in rates of MIs in young women.
- They have worse outcomes compared to similar aged men: such as higher in-hospital and 30-day mortality rates and higher readmission rates.
- They also have more risk factors, more comorbidities and a poorer health status than similarly aged men.

KEY MESSAGES:

1. Heart disease is the leading cause of death in women.
2. Women often have atypical symptoms.
4. Women with pregnancy complications such as hypertension, preeclampsia and gestational diabetes are at increased risk of future cardiovascular disease. If you have a history of these, you should be followed up regularly.
5. Other non-traditional risk factors include polycystic ovarian syndrome, autoimmune diseases and treatment for breast cancer.
6. For more information visit: invisibleisvable.org.au
7. For pregnancy related CV risk factors (for GPs/Health professionals) visit heartfoundation.org.au/for-professionals/clinical-information/pregnancy-and-heart-disease
8. Watch this video
9. Listen to Women and Heart Disease From Preventative Health in Podcasts.

ABOUT DR FIONA FOO

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**WALKING ON AIR**

TEN YEARS ON FROM BEING DIAGNOSED WITH A BENIGN SKULL-BASE MENINGIOMA, NOVA’S CREATIVE DIRECTOR LISA BURTON IS DELIGHTED THAT GAMMA KNIFE TREATMENT HAS ‘STOPPED THE TUMOUR IN ITS TRACKS’.

Macquarie University Hospital Gamma Knife patient Lisa Burton hasn’t let living with a challenging meningioma stop her from being the high achiever she is. Now Creative Director for Nova Entertainment Sydney, Lisa’s job is high performance and high stress. She manages a busy team and has a lot to deliver on in the competitive world of radio and entertainment.

In 2006, 2007 and 2008, Lisa had three major open brain operations to remove as much of the tumour as was possible. Things went well until 2011, when an optometry test showed significant loss of vision and her St Vincent’s team referred her to Macquarie University Hospital for Gamma Knife treatment.

High-definition 3T MRI and fine-cut CT scans done through Macquarie Medical Imaging showed residual disease measuring 4.5 cm in length, located around the carotid artery and involving the orbit and base of skull, placing pressure on the back of the globe of the eye.

The position of the tumour prevented full surgical removal, with the aim of this Gamma Knife treatment to stop any further growth of the tumour and to preserve her current level of function – especially, the function of the optic nerve.

Lisa had a single Gamma Knife treatment in 2012 followed by six-monthly MRIs to monitor the tumour. Delighted that the tumour has remained stable, she is now having only annual MRIs.

“As hoped, Gamma Knife stopped the tumour in its tracks,” said Lisa. “My life would be very different if it wasn’t for Gamma Knife being available. Where I am now would not be possible.”

A former personal trainer and figure competitor, Lisa placed second in New Zealand Federation of Body Building’s North Island Finals and third in the National competition in 2002. In 2007, after recovering from her first two head surgeries, she placed third in Australian Natural Body Building Federation’s Central Coast Championships and fifth in the Australian Nationals.

In 2013, after her Gamma Knife treatment at Macquarie University Hospital, Lisa did the Cancer Council NSW’s 7 Seven Bridges Walk, a 26-kilometre loop around the Sydney Harbour bridges.

“I have always been fit, and really used exercise and nutrition both in preparing for my surgeries, and in recovery,” said Lisa. “Gamma Knife is a very fast and manageable procedure to go through. While hugely important, it is just a small part of what you go through with a brain tumour. And I’ve always looked forward to going to Macquarie University Hospital; it’s been such a positive experience and the team has always been amazingly supportive.”

Macquarie University Hospital Gamma Knife, Clinical Building Suite 203, Level 2 2 Technology Place Macquarie University NSW 2109 T: (02) 9812 3900

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**MACQUARIE UNIVERSITY TRAIN STATION CLOSURE – 30 SEPTEMBER 2018**

FROM 30 SEPTEMBER 2018, MACQUARIE UNIVERSITY STATION WILL BE CLOSED FOR AROUND SEVEN MONTHS WHILE THE RAIL LINE BETWEEN EPPING AND CHATSWOOD IS UPGRADED AHEAD OF SYDNEY METRO NORTHWEST OPENING IN THE FIRST HALF OF 2019. DURING THIS TIME, STATION LINK BUS SERVICES WILL KEEP CUSTOMERS MOVING.

KEY FEATURES OF STATION LINK BUS SERVICES INCLUDE:

- High frequency, turn-up-and-go services to stations between Epping and Chatswood at least every six minutes during the peak.
- More than 120 new, fully accessible, air-conditioned buses.
- More than 110 services per hour in the busiest parts of the day.
- A dedicated high frequency service to Macquarie University Campus from Epping Station.
- A loop service running at least every 10 minutes seven days a week to all stations between Epping to Chatswood.

During this period Macquarie University Hospital will communicate the transport changes with patients.

Source: mq.edu.au

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Ten years on from being diagnosed with a benign skull-base meningioma, Nova’s Creative Director Lisa Burton is delighted that Gamma Knife treatment has ‘stopped the tumour in its tracks’.

Macquarie University Hospital

**MACQUARIE NEUROSURGERY**

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Recent media coverage of the use of transvaginal mesh may have been confusing, and perhaps caused unnecessary concern amongst women. A report produced as a result of the Senate Inquiry into the use of transvaginal mesh noted the use of mesh as a ‘last resort’.

While this finding is in line with current treatment guidelines for pelvic organ prolapse (POP), the report – and subsequent media coverage – did not adequately emphasise the key distinction between the use of mesh for POP and its use for stress incontinence.

“It’s crucial that female patients and their doctors understand the difference between the use of mesh for prolapse and its use for stress incontinence,” said Dr Vincent Tse, urologist with an interest in female pelvic floor medicine and surgery at Macquarie University Hospital.

“Transvaginal mesh in the form of slings is safe for incontinence. However, it should not be used as a first-line treatment for POP. The use of mesh for treating this type of prolapse needs further research with clinical innovation and refinement of the mesh and implanting techniques before it can be safely used.”

The recent government inquiry highlights the need to see the appropriate specialist for POP and incontinence issues, such as a urologist with sub-specialty interest in female prolapse and incontinence.

“The current problem is not with the mesh itself, but with the specialist’s recommendations on when it is appropriate to use, and whether the particular specialist has the necessary training and experience in performing the mesh surgery,” said Dr Tse.

Dr Tse, who often works alongside Dr Audrey Wang, performs pelvic floor reconstructive surgery for prolapse that includes cystocele, rectocele, uterine or post-hysterectomy vault prolapse.

Dr Vivian Yang, a gynaecologist with an interest in prolapse and incontinence, also performs this surgery. When bowel issues are present, Dr Anil Keshava, colorectal surgeon, may also be required to participate in the care.

This multidisciplinary and collaboration approach is paramount to female pelvic floor surgery, and results in less blood loss, less pain and shorter stay in hospital.

Generally, recovery time is superior to traditional surgery.

“Robotic prolapse surgery can be suitable in selected patients and offers many advantages,” said Dr Tse. “It enables suturing to be more precise, which is important for any type of reconstructive surgery, and results in less blood loss, less pain and shorter stay in hospital. Generally, recovery time is superior to traditional surgery.”

Like Dr Tse, Drs Wang, Yang and Keshava are also accredited robotic surgeons who treat prolapse.

TREATING PROLAPSE

First line treatment for pelvic organ prolapse (POP) is pelvic floor muscle strengthening through exercise with a qualified physiotherapist, as well as behavioural modification. Only if there is no improvement, should surgical options be discussed.

Women should see their GP first, and then a urologist or gynaecologist with a special interest in POP or incontinence. Multiple treatment options should always be presented to women for either condition.

INCONTINENCE IN WOMEN

There are two main types of incontinence that affect women:

- Stress incontinence results from abdominal pressure on the bladder through sneezing or coughing, for example, and is caused by either childbirth or ageing when menopause results in lower hormone levels.
- Urgency incontinence is the sudden urge to urinate and is usually caused by an overactive bladder.

Less common types of incontinence include:

- Continuous incontinence is due to anatomical sphincter damage associated with treatment or an operation.
- Overflow incontinence happens when there is urine leakage due to obstruction of the urine outlet.

Women should also be aware that certain types of bladder – in particular, caffeine – stimulate the bladder.

REFERRING PATIENTS TO MACQUARIE UNIVERSITY HOSPITAL’S INCONTINENCE SERVICE

The Hospital offers a continence service as a first-line treatment for women experiencing stress urinary incontinence. The clinic has an experienced continence nurse practitioner who works with women to promote healthy bladder and function.

Patients can make a direct appointment with the continence service at Macquarie University Hospital.

T: 0431 812 889
The Integrated Breast Implant Check Clinic at Macquarie Park provides a fast and effective service for women with breast implants. The Integrated model is a unique and innovative approach that enables rapid and seamless access to multidisciplinary teams of experts within a single state-of-the-art precinct, without the need for a referral.

The Integrated Breast Implant Check Clinic is located in the Macquarie University Clinic on the Macquarie University Campus in North Ryde adjacent to Macquarie University Hospital. Routine breast checks take about 45 minutes. A portion of a routine breast implant check can be claimed back from Medicare, resulting in a modest out-of-pocket fee.

“Most women who have had breast implant surgery were probably followed up by their surgeon for a few years afterwards, and then not at all,” said Professor Deva, who has published research at Macquarie University demonstrating the causal link between sub-clinical infection, biofilm formation and capsular contracture.

“However, problems can occur many years after surgery. If capsular contracture is left untreated, implants can fold or rupture. Generally, the risk of implant rupture increases over time.”

“The Integrated Breast Implant Check Clinic offers a service that aims to identify breast implant-related problems early. The latest evidence suggests that women with breast implants should receive annual lifelong check-ups.

“The Macquarie University Breast Implant Research Group, conducted by Professor Anand Deva, Head of the Discipline of Plastic and Reconstructive Surgery at Macquarie University demonstrating the causal link between sub-clinical infection, biofilm formation and capsular contracture. This is not cause for panic. The best thing women can do is to get checked regularly through lifelong follow-ups.”

Click here to find out more


MQ HEALTH OFFERS ANNUAL NO-REFERRAL BREAST IMPLANT CHECKS

MQ HEALTH BUILDS ITS CLINICAL AND ACADEMIC LEADERSHIP

The Faculty of Medicine and Health Sciences is also pleased to welcome Associate Professor Vivek Thakkar to the position of Associate Professor in the Department of Clinical Medicine where he will play a leadership role in coordinating the MD program.

A consultant rheumatologist with expertise in treating arthritis, pain, autoimmune conditions and osteoporosis, Professor Thakkar completed medical school and rheumatology training in Sydney. He then moved to St Vincent’s Hospital in Melbourne where he worked as a rheumatologist.

He also completed a research doctorate at the University of Melbourne in novel biomarkers in scleroderma-associated pulmonary hypertension. For the past five years, Professor Thakkar has been Clinical Sub-Dean of the Macarthur Clinical School, Western Sydney University, also undertaking clinical practice as a staff specialist rheumatologist at Liverpool Hospital.

“The Macquarie University MD and the larger MQ Health initiative present a unique opportunity to develop an excellent medical education program that is integrated within a local and international clinical environment – with potential to be world class,” said Professor Thakkar.

“For me personally, there was great allure in the opportunity of being involved in developing a medical program from the inception stages, and the added challenges of achieving this predominantly in the private health sector and with our international partners is something unique in Australia and interesting.”

Associate Professor Vincent Lam takes up the position of Professor of Surgery in the Faculty of Medicine and Health Sciences in July, where he will teach as part of the MD program.

Professor Lam’s clinical and research interests include minimally invasive surgery of the liver, gallbladder and pancreas as well as the multidisciplinary management of liver, pancreas, bile duct and gallbladder tumours. He also has a strong interest in robotic surgery and performed the Australia-first robotic cholecystectomy in February 2014.

Professor Lam received his medical degree at the University of Sydney in 1998, completing the general surgical training program of the Royal Australasian College of Surgeons in Sydney and a Master of Surgery at the University of Sydney in 2006. He then completed clinical fellowships in liver, pancreas and transplant surgery at Westmead and Sydney Hospitals, and at Queen Mary Hospital in Hong Kong. In 2013, he became one of the first graduates of the Doctorate of Clinical Surgery at the University of Sydney.

Prior to joining MQ Health, Professor Lam served as the Director of Surgical Education (General Surgery) of Sydney Medical School. He is consultant Liver and Pancreas surgeon at Westmead Hospital.

“What persuaded me to come to Macquarie is its dedicated mission to Heal, Learn and Discover,” said Professor Lam.

“St MQ Health, the focus is on dealing with the patient in all aspects, especially cancer patients. From the understanding of the cancer’s origin to developing new therapies and testing them in patient clinical trials, it is about delivering superior, innovative and compassionate patient care.

“My vision is to make the Department of Surgery at Macquarie University Australia’s preeminent innovator in education, research and clinical practice in our operating theatres. Following the strong tradition of innovation and exploration at Macquarie, I hope that Department of Surgery will continue to work collaboratively to solve problems, to move the field forward and to deliver the best care to our patients.”

MQ HEALTH BUILDS ITS CLINICAL AND ACADEMIC LEADERSHIP

ASSOCIATE PROFESSOR VINCENT LAM

ASSOCIATE PROFESSOR VIVEK THAKKAR

The Macquarie University Health Clinic on (02) 9812 3766 to book an appointment or to find out more about the service, call the Integrated Breast Health Clinic on (02) 9812 3766 or email your contact details to integrated.clinics@muh.org.au and a staff member will contact you.

The clinic is located in the Macquarie University Clinic on the Macquarie University Campus in North Ryde adjacent to Macquarie University Hospital.

Routine breast checks take about 45 minutes. A portion of a routine breast implant check can be claimed back from Medicare, resulting in a modest out-of-pocket fee.

The Integrated Breast Implant Check Clinic has opened at MQ Health Clinic Building, adjacent to Macquarie University Hospital. Offering women immediate access to a specialist service that aims to identify breast implant-related problems early. The latest evidence suggests that women with breast implants should receive annual lifelong check-ups.

A NEW BREAST IMPLANT CHECK CLINIC HAS OPENED AT MQ HEALTH CLINIC BUILDING, (ADJACENT TO MACQUARIE UNIVERSITY HOSPITAL). OFFERING WOMEN IMMEDIATE ACCESS TO A SPECIALIST SERVICE THAT AIMS TO IDENTIFY BREAST IMPLANT-RELATED PROBLEMS EARLY. THE LATEST EVIDENCE SUGGESTS THAT WOMEN WITH BREAST IMPLANTS SHOULD RECEIVE ANNUAL LIFELONG CHECK-UPS.
TAVI TEAM GETS SUPERIOR OUTCOMES FOR PATIENTS

Professor Martin Ng and Professor Michael Wilson perform this game-changing procedure together, and they have completed more procedures than any other in NSW.

“Our data shows that we achieve better patient outcomes than in other international registries,” explained cardiologist Professor Martin Ng. “More than 93 per cent of our patients are alive and living independently after 12 months. “One of the reasons for our success is through our patient screening. Patients spend almost a full day being assessed prior to being deemed a suitable candidate for TAVI.

“And, when we take on a patient for TAVI, we take on the whole patient. Many have co-morbidities and complex conditions. We manage all of these as part of their TAVI treatment with a large multidisciplinary team that includes – in addition to Professor Wilson and myself – geriatricians, specially trained TAVI nurses, allied health professionals and psychologists.

“We also choose from four different valves, with each patient assessed for the best option, and we use alternative access routes if femoral approach is not suitable. In addition, a cardiologist and a cardiothoracic surgeon are both present throughout every TAVI operation.”

High-volume matters

The medical literature now demonstrates a clear volume-outcome relationship for TAVI. Outcomes of the TAVI procedure are directly correlated to the experience and the capacity of the clinic. Our TAVI team works across Macquarie University and Royal Prince Alfred Hospitals and is the most experienced in New South Wales. Due to this extensive experience, we are seeing fantastic results.

PATIENT STORY

Kay Norman will turn 80 this year and, after having TAVI at Macquarie University Hospital late last year, she’s back home living life to the full.

Prior to the procedure, Kay had developed several leaking heart valves – including her aortic valve. Her condition was worsening and, eventually, she was short of breath just walking across a room.

Her cardiologist, Dr Peter Iles, suggested she might be a good candidate for TAVI and referred her to interventional cardiologist Professor Martin Ng at Macquarie University Hospital.

After being rigorously assessed for the procedure, Kay underwent a successful TAVI procedure by Professor Ng in early December. After her follow-up appointment, she was given the all-clear.

“I had only local anaesthetic, administered by such an excellent and caring anaesthetist, and there was no pain or discomfort at any stage during or after the operation.

“The nurses, doctors and even the receptionist staff – from the moment we walked in to Macquarie University Hospital – were so attentive and made it all so easy.

“Then I went home and had no pain to manage and no wound to look after. There was just a small hole in the groin area. The whole recovery was so fast.

“It’s like nothing happened and yet they gave me a new aortic valve. It really was like magic.”

For more information please CALL 0491 215 002
MQ Health Physiotherapy and Exercise Physiology provides small group (<5 people), supervised and personalized exercise programs for patients with cancer, and a broad range of other health-related issues – patients who may require that higher level of guidance and support to commence and engage in exercise.

Patient safety should be at the forefront of any exercise program. At MQ Health, patient safety is a priority – all patients engaging in exercise programs receive a 1:1 initial assessment with an accredited exercise physiologist or physiotherapist, and programs are conducted within a specialist medical clinic setting. Services are focused on providing a safe and effective bridge to community-based exercise and activity. The MQ Health team comprises of physiotherapists and an exercise physiologist with dedicated expertise, honed through their work with acute patient groups at Macquarie University Hospital and elsewhere. They bring the most up-to-date knowledge to the care of patients – including those with cancer and therapy-related fatigue – as well as chronic respiratory disease, neurological and movement disorders (including Parkinson’s Disease), osteoarthritis and back pain.

They are an accredited provider of the ManPlan™ program and have an agreement with GenesisCare.

MQ Health Physiotherapy also provides comprehensive individual physiotherapy services for patients with acute or chronic musculoskeletal injuries/conditions, respiratory conditions (e.g. COPD, bronchiectasis), and neurological disorders (e.g. stroke).

CANCER/CANCER THERAPY
Joanna Jaques (Accredited Exercise Physiologist)
Alex Bloomfield (Physiotherapist)

PULMONARY REHABILITATION
Hannah Rutherford, Peta Jordan
(Senior Physiotherapists, Acute Medical and Surgical Services)

PILATES (EQUIPMENT)
Bridge Dean (Physiotherapist),
Chris Wayne (Lead Physiotherapist, Outpatient Services)

NEUROLOGICAL AND MOVEMENT DISORDERS
Joanne Smith (Physiotherapist, PD Warrior),
Chloe Luscombe (Senior Physiotherapist, Neurosciences; Lead Physiotherapist, Inpatient Services)

Twenty-one-year-old Savannah Mealing, living regionally in New South Wales at the time, developed what was initially a simple abscess on the bridge of her nose. She had it drained but the discharge continued, with a further abscess developing on the whole left side of her face.

“I was still getting a lot of headaches and the abscesses became so severe that the left side of my face blew up like a balloon,” said Savannah. “I couldn’t see well. The antibiotics didn’t do much after my hospital stay.”

A Hospital-based ENT surgeon explained Professor Harvey, who said Savannah had osteomyelitis – a bacterial infection of the bone – rather than a simple sinus infection as the source of her ongoing abscesses.

The specialist she was seeing didn’t do much after my hospital stay.”

“I am back to being active, working full-time and leading a normal life,” said Savannah. “I do have to do nose flusher to keep my sinuses clear, but other than that, I’m absolutely fine.”

Professor Harvey has co-edited the textbook Endoscopic Sinus Surgery: Optimizing Outcomes and Avoiding Failures with Rodney Scholosser.

Savannah has returned home and is symptom free.

“After months of headaches, loss of vision and recurring facial abscesses, comprehensive management and endoscopic drainage of a skull base abscess has given Savannah her life back again.”

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“After months of headaches, loss of vision and recurring facial abscesses, comprehensive management and endoscopic drainage of a skull base abscess has given Savannah her life back again.”

Twenty-one-year-old Savannah Mealing, living regionally in New South Wales at the time, developed what was initially a simple abscess on the bridge of her nose. She had it drained but the discharge continued, with a further abscess developing on the whole left side of her face.

“I was still getting a lot of headaches and the abscesses became so severe that the left side of my face blew up like a balloon,” said Savannah. “I couldn’t see well. The antibiotics didn’t do much after my hospital stay.”

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Christine La Rose had initial surgery for what she thought might be a small benign lesion. Pathology results, however, found it to be a high-grade transitional cell carcinoma with the potential to penetrate the bladder wall.

“I was shocked,” recalled Christine who, at the age of 49, was in a low-risk category for bladder cancer. “I was fit, otherwise healthy and had no pain or other symptoms. It was blood in my urine that first prompted me to seek my doctor. “I knew that I would be looking at further treatment after receiving the pathology results. Dr Venu Chalaani referred me to Professor David Gillatt at Macquarie University Hospital to see if I was a candidate for the Hospital’s robotic prostate surgery in urology.”

Professor Gillatt is a world-renowned prostate surgeon and Director of Medical Services at Macquarie University Hospital, which is now the busiest robotic prostate centre in New South Wales.

Urology surgeons at Macquarie University Hospital use the Da Vinci Surgical System to perform a range of procedures. In Christine’s case, Professor Gillatt proposed complete removal of the bladder and the fashioning of a neo-bladder. Christine underwent the procedure in June last year.

“The whole experience was amazing. I’m delighted but so is my family – they have their mum happy and healthy.”

Neo-bladders are feasible life-long solutions for many patients. “Most cases of neo-bladder are patients who have had their bladder removed due to cancer,” said Professor Gillatt. “And while bladder cancer generally affects older people, young people can also be at risk for the disease.

“My advice for women who have blood in their urine or recurring urinary tract infections is: don’t ignore it. “Bladder cancer is treatable, and there are many different options available, with a robotic cystectomy and neo-bladder being just one of them.”

ABOUT MACQUARIE UNIVERSITY HOSPITAL’S ROBOTIC PROGRAM

Macquarie University Hospital: The Da Vinci Xi Surgical System and the newer Da Vinci Xi platform that features several advanced features. The robotic-assisted surgery program is spread across many disciplines, including urology, gynecology, cardiothoracic, colorectal and upper GI.
WORLD CONTINENCE WEEK PRESENTATIONS
FRIDAY 22 JUNE 2018, 1.30PM-3.40PM

VENUE
CONFERENCE ROOM, GROUND FLOOR,
MACQUARIE UNIVERSITY HOSPITAL

RSVP
WEDNESDAY 20 JUNE EMAIL
events@muh.org.au

PARKING
PARKING WILL BE PROVIDED
UNDER THE HOSPITAL

1.30PM - 1.35PM INTRODUCTION BY DR VINCENT TSE AND SISTER HONG HUYNH

1.35PM - 1.55PM
ASSOCIATE PROFESSOR VINCENT TSE

MANAGEMENT OF STRESS URINARY INCONTINENCE: WHAT’S THE LATEST?

1.55PM - 2.15PM
ASSOCIATE PROFESSOR ANIL KESHAVA

BOWEL INCONTINENCE: UNDERSTANDING THE BASICS

2.15PM - 2.35PM
DR AUDREY WANG

VAGINAL LASER REJUVENATION FOR URINARY INCONTINENCE: FACT OR FICTION

2.35PM - 2.55PM
ASSOCIATE PROFESSOR VINCENT TSE

MANAGING INCONTINENCE AFTER PROSTATE CANCER TREATMENT: WHAT’S THE LATEST?

2.55PM - 3.15PM
DONNA HEGGIE (FROM CFA NSW)

CONTINENCE FOUNDATION OF AUSTRALIA: THE QUIET ACHIEVER

3.15PM - 3.35PM
DR KALLI SPENCER

MANAGEMENT OF STRESS URINARY INCONTINENCE: LET’S GO FOR IT!!

3.35PM - 3.40PM CLOSING REMARKS BY DR VINCENT TSE AND SISTER HONG HUYNH

PARKING
PARKING WILL BE PROVIDED
UNDER THE HOSPITAL

BBQ $5
STAFF DINING ROOM
12PM – 1.30PM

BOOK NOW FOR YOUR ANNUAL CHECK
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The risk of breast implant rupture increases with time. The latest evidence suggests regular lifelong check-ups.

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