Limb reconstruction in full force

MACQUARIE UNIVERSITY HOSPITAL ORTHOPAEDIC SURGEONS HAVE PERFORMED AN INNOVATIVE NEURO PROSTHETIC LIMB OPERATION, WITH THE PIONEERING PROCEDURE GIVING A PATIENT TWO NEW MIND-CONTROLLED LIMBS.

Game changing Gamma Knife treatment promises hope for 11 year old Jack

The new Macquarie MD program set to soar

MQ Health completes a phase 1 trial of novel antibody Miltuximab®
Welcome to the Summer 2018 issue of Frontier Magazine. Once again, Frontier brings you the latest developments and innovations at MQ Health.

Our cover story features a world-first in innovative osseointegration surgery that took place at Macquarie University Hospital in August when a patient received two new ‘ionic’ limbs. Made possible by advances in electrode technology combined with existing osseointegration techniques – a collaborative effort between engineering researchers and Associate Professor Munjed Al Muderis that took place right here on our campus – this pioneering surgery demonstrates the enormous potential made possible by our ‘Heal, Learn, Discover’ framework.

Other stories in the magazine cover our growing expertise in a number of areas, including in robotic retroperitoneal surgery for testicular cancer, endoscopic skull base surgery for very large meningiomas, and TAVI procedures that can be customised to individual patient needs. We also update you on new and expanding services that support our MQ Health growth strategy, and proudly share the advanced training that our leading consultants and surgeons deliver to their peers.

The growing capability of the MQ Health Clinical Trials Unit is also showcased, this time through the Unit’s completion of the first stage of a Phase I antibody trial for some urological cancers. This achievement – an Australian first – now gives our Clinical Trials Unit the ability to conduct Phase 1, 2 and 3 clinical trials right here, negating the need for Australian researchers to conduct certain cancer trials in the US or Europe.

We’d also like to take this opportunity to update you on some important changes ahead for the MQ Health Clinical Trials Unit and our Clinical Trials Program that story belongs to, as well as segmented each of these clinical programs exciting research, education and clinical care are currently underway. In each of our stories, we’ve identified which Clinical Program that story belongs to, as well as segmented each article into our purpose Heal, Learn, Discover.

As 2018 draws to a close, we’d like to thank all MQ staff, associates and stakeholders who have made this year a successful one for us and worked so diligently to deliver the excellence in patient care that is at the core of MQ Health. We look forward to continuing this great work in 2019.

Patrick McNeill
Deputy Vice-Chancellor, Medicine and Health Sciences
Executive Dean, Faculty of Medicine and Health Sciences
Carol Bryant
CEO, Macquarie University Hospital
The protein Glypican-1 (GPC-1) occurs in many solid tumours such as prostate, bladder, pancreatic, glioblastoma, oesophageal, ovarian and brain cancers.

The protein was first identified by Australian biotechnology company, Minomic International Ltd. That Australian discovery has now progressed to a pioneering new therapy to determine whether a GPC-1 targeting antibody can be used to bind to GPC-1 cancer cells.

The therapy involves Miltuximab®, a chimeric version of Minomic’s anti-glypican 1 antibody conjugated to the radioactive isotope gallium. It is the first drug of its kind to target GPC-1.

MQ Health Clinical Trials Unit has completed the pioneering first-in-human clinical trial of the antibody treatment – making it the first Australian-only trial of its kind. Medical oncologist Dr Dhanusha Sabanathan worked with the MQ Health Clinical Trials Unit and Minomic to draw up the protocol for the study that looked at bio-distribution and targeting.

“The trial’s primary endpoints are to assess safety and tolerability of the antibody,” explained Dr Sabanathan, who is conducting the trial as part of her doctoral thesis. “The secondary endpoints include evaluating the ability of the drug to target tumour and assessing the pharmacokinetics and biodistribution of the drug.”

Recruitment to the Phase 1 trial has now been completed. Twelve patients participated with all patients tolerating the drug well and no drug-related adverse events being reported. Macquarie Medical Imaging conducted the imaging for the trial, using its radiopharmaceutical capability and partnership with ANSTO, who conjugated the GPC-1 with gallium-67 for the trial.

“This is a pure Australian trial,” Professor Gurney said. “It’s been a great experience for all involved. We’ve had a lot of support from the community and we’re looking forward to the next phase of the trial.”

“In an all-Australian clinical trial, Macquarie University Hospital has completed a Phase 1, first-in-human trial testing the safety and tolerability of a Glypican antibody in the treatment of solid tumors.”

FOR MORE INFORMATION
CALL (02) 8850 8100
In 2017, Karen Jones injured her shoulder when she was hit by the hammer from a Hammer Throw event in an athletics carnival. She had a complicated comminuted fracture of her upper humerus that required surgery with internal fixation. Unfortunately, this fracture did not heal and ultimately developed an infection.

Three months later, the shoulder deteriorated and she was referred to Macquarie University Hospital, where she saw Professor Des Bokor, Orthopaedic surgeon, and Professor Anand Deva, Plastic and Reconstructive surgeon. Both surgeons joined Macquarie University Hospital eight and a half years ago when it first opened its doors, and have championed the Hospital’s unique approach to innovative surgery, advanced technology and inter-disciplinary collaboration in an effort to bring patients novel procedures and excellent care.

“This was a difficult and complex case, needing a non-standard procedure,” said Professor Deva. “The patient had a number of conditions including systemic leukocytosis, poor circulation, relative osteoporosis, poor bone structure and decreased blood supply.

“To start with an infected unhealed fracture, means that one is already behind the eight-ball, so we had to address the infection in addition to performing a long-lasting humeral reconstruction.

“We knew a traditional bone graft wouldn’t work to treat the infection, so we had to look at an innovative solution. We planned a free vascularised fibular graft, with a good blood supply that could fight the infection.”

Vascularised bone flaps with blood supply have been used to treat failed union since the late 1990s but mainly in the lower limb. The application to the humerus has only been used on a few previous occasions worldwide.

The surgeons performed the procedure in two stages. During stage one, Professor Bokor removed the old rod from the humerus, and cleared the bone in preparation for the new graft. During stage two, Professor Deva dissected the bone from the leg with a live blood supply, fashioning it to slot into the existing shoulder. He also performed the highly delicate microsurgery to connect the blood supply.

“We utilised high-resolution scans of the area to guide us in fashioning the bone flap,” explained Professor Deva. “Additionally, the use of a trapdoor of bone to secure the flap under the joint was a strategy that was worked out on the table and allowed much more stable fixation.

“Vascularised fibular grafts allow for rapid inflow of good blood supply and help the body resolve any underlying infections, also augmenting the potential of bone healing by bringing living cells into the fracture environment.”

In terms of recovery, days three to five are critical for vascular complications, monitored by way of skin colour. Today, Karen has a healed fracture with no signs of underlying infection.

“This was an outstanding outcome for a difficult case,” said Professor Bokor. “It’s the multidisciplinary teams that can form at Macquarie University Hospital and enable the unique combining of surgical skills from different disciplines that allow doctors to plan innovative surgery.

“This gives patients advanced solutions for challenging health problems. Often, it provides them with a solution simply not available elsewhere.”

Surgeons perform a first for humeral reconstruction with infection

MACQUARIE UNIVERSITY HOSPITAL’S MULTIDISCIPLINARY TEAM APPROACH TO SURGERY HAS ENABLED SURGEONS TO PROVIDE A UNIQUE LIVE BONE HARVEST FOR A DIFFICULT SHOULDER RECONSTRUCTION CASE.
The role of testosterone in Alzheimer’s

Macquarie University Hospital is participating in what will be the largest clinical trial to date assessing the effect of testosterone supplementation on reducing amyloid – a protein that develops in the part of the brain that affects memory and learning. Beta amyloid accumulation in the brain is a known cause of Alzheimer’s disease.

Led by Professor Ralph Martins, the ‘TotAL’ Trial is currently screening men between the ages of 60 and 80 for participation in the study. Amyloid positive men who do not have a current medical or neurological condition and are predisposed to developing Alzheimer’s will be invited to participate in the study.

“The trial aims to intervene earlier by treating amyloid positive men with the aim of preventing the onset of symptoms or delaying them significantly,” explained Professor Ralph Martins, Foundation Chair in Ageing and Alzheimer’s Disease at Edith Cowan University and Professor of Neurobiology at Macquarie University.

Participants will either receive testosterone supplementation alone or in combination with fish oil to determine if the amyloid load in the brain can be reduced, as well as whether the supplementation affects performance on tests of memory, cognition and function.

“Because of amyloid’s association with Alzheimer’s, keeping amyloid levels down is a potential future treatment for the disease. We know that sex hormones are protective in keeping amyloid down, while depleted testosterone levels result in a massive rise in this toxic protein in the brain.”

The ‘TotAL’ Trial will take 18 months from start to finish with 56 weeks of treatment and involve several hundred participants. The clinical part of the study is being led by MQ Health’s Professor David Gillatt and part of the Hospital’s urology team specialising in men’s health and male hormone therapies.

In 2015, Macquarie University and Macquarie University Hospital established formal agreements with Perth-based Australian Alzheimer’s Research Foundation and the K'a Institute of Neurological Diseases, in Sydney, to collaborate on advancing diagnostic and treatment approaches to Alzheimer’s disease.

“The involvement of Macquarie University and Hospital will give us access to technology unavailable elsewhere in Australia,” said Professor Martins, who has been researching Alzheimer’s disease for more than three decades and has made a number of ground-breaking discoveries.

“For one, the superior imaging capabilities at Macquarie Medical Imaging will enable us to conduct our brain scanning work more efficiently and effectively. MMI has state of the art imaging equipment and ready access to brain amyloid imaging agents, which make it possible to scan multiple patients in a day.

“This is contributing to our capacity to run the ‘TotAL’ Trial as a large and definitive clinical trial – the largest of its kind in the world. My hope is that this leads to a viable treatment in the future.”

The clinical part of the study is being led by MQ Health’s Professor David Gillatt and part of the Hospital’s urology team specialising in men’s health and male hormone therapies.
For the past eight years, hand surgeon Dr Damian Ryan has made annual trips to Vietnam and Cambodia to work alongside local surgeons practicing in the same sub-speciality. His colleague Dr Nicholas Smith has accompanied him for six years. Dr Ryan visits Hue Central Hospital in Hue, Central Vietnam, and in Cambodia, the Children’s Surgical Centre and the Sihanouk Hospital Centre of HOPE – the charity hospital where Associate Professor Graham Gumley set up and ran the surgical training program from 1997 to 2003.

“What appealed to me about the Cambodia program is that it’s promoting long-term outcomes and developing a sustainable well-trained local workforce,” said Dr Ryan. “We don’t just drop in to do surgery; we actually work alongside surgeons to train them, do procedures together, discuss cases and learn from them. Their surgeons are highly capable. It’s the contact with visiting surgeons, the sharing of knowledge and the innovations that we bring that takes them to the next level of their ability. The best experience is to see a local surgeon perform a successful operation that you have taught them on an earlier trip.”

In both countries, the doctors work collaboratively with their overseas counterparts and see all types of conditions that are somewhat different from those typically seen in Australia. Many are electrical burns or burns from cooking fires – often in children. The doctors also treat injuries to bone, joint, tendon or nerves from traffic accidents, damage from traditional healing practices and unusual infections.

“I find that travelling and then operating with other surgeons from around the world to be immensely interesting,” said Dr Ryan. “In Australia, as a surgeon, we work with registrars, but on these trips, we’re operating with other fully qualified surgeons and it’s a great learning experience for all.”

The doctors contribute their time and skills on a volunteer basis.
Clarifying the use of transvaginal mesh

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 Associate Professor Vincent Tse.

Transvaginal mesh in the form of slings 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 Associate Professor Tse.

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

“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.”

This multidisciplinary and collaboration approach is paramount to female pelvic floor problems because many women have both urinary, bowel and prolapse problems.

The mid-urethral sling with mesh requires surgeons to make one small incision below and two small incisions above the pubic bone.

Associate Professor Tse and others at Macquarie University Hospital can offer the long-established robotic sacrohysteropexy.

In addition to performing traditional approaches to prolapse surgery, Associate Professor Tse is an accredited robotic surgeon for female pelvic prolapse surgery, and was one of the first urologists in Australia to perform robotic sacrohysteropexy.

“Robotic prolapse surgery can be suitable in selected patients and offers many advantages,” said Associate Professor 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 Associate Professor Tse, Dr Wang, Dr Yang and Associate Professor Keshava are also accredited robotic surgeons who treat prolapse.

THE DIFFERENCE BETWEEN PROLAPSE AND INCONTINENCE IS THE KEY TO UNDERSTANDING THE RECENT CONTROVERSY AROUND TRANSVAGINAL MESH.

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 fluids – in particular, caffeine – stimulate the bladder.

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.

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.

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Carol has shown many strengths as a leader during her time as CEO at the Hospital. She has successfully fostered the Macquarie University Hospital culture, ensuring alignment of our values with recruitment processes, performance management and rewards programs to support the ongoing development of a positive culture.

She leaves us with a strong record on workforce planning and development. Collaborative in her approach, Carol has worked closely with Department Heads to ensure staffing needs are met. She has made a major commitment to workforce safety and has been actively involved in the Hospital’s Annual Safety Review.

Carol successfully led Macquarie University Hospital to become one of the first to be accredited against the newly introduced National Safety and Quality Health Standards (NSQHS), at the same time maintaining ISO certification of our Quality Management System. She also worked with an external consultant and Hospital management to review current trends in patient safety and quality, resulting in the establishment of a Patient Safety and Quality Unit.

Finally, Carol has played a key leadership role in moving the Hospital closer to the MQ Health vision. In 2014, she was part of the Steering Committee to establish Macquarie University Clinical Associates, a key element in building MQ Health.

In her final months as CEO of Macquarie University Hospital, Carol will continue to serve as a member of the MQ Health Transition Committee that is guiding the change necessary to bring the Hospital, Clinic and University together into a fully integrated academic health sciences centre.
Macquarie Medical Imaging has used its advanced imaging technology to help archaeologists from the Nicholson Museum better understand four Egyptian mummies from their collection.

When Dr Fraser first inquired about the best scanning expertise in Sydney, he found that all roads led to MMI’s Professor John Magnussen, whose skill and expertise are widely respected and who previously scanned mummies for the Australian Museum. Notre Dame’s Professor Dzung Wu and University of Sydney’s Dr Estelle Lazé also played a key role.

“The images that emerged as we were scanning were immediate and incredible, and the thousands of images captured will reveal much about the life, death and mummification of these four people,” said Dr Fraser. “They will allow us to investigate aspects of biology, genetics, diet, disease, burial practice and processes of mummification for years to come.”

Professor Magnussen said that it was an amazing opportunity to scan four mummies at one time – particularly one whole coffin.

“We had no idea what we were going to find inside the Mer-Neith-it-es coffin, so we ended up performing a virtual excavation and what we found was both breathtaking and puzzling,” he said.

“After looking through the initial scans of the coffin, it became evident that there was far more than dirt and debris inside. As we scanned through the head-end of the coffin, we found two well-preserved, fully wrapped feet, but nothing above the ankles was to be found apart from small fragments. The mystery only deepens.”

The four mummies and coffins will be displayed in the Chau Chak Wing Museum in a dedicated Mummy Room as part of the Egyptian Gallery. They will be displayed alongside digital CT animations showing what lies beneath bandages or beneath the coffin’s lid.

The images and insights produced by the project will fundamentally shape the content and look of the Mummy Room.

The Nicholson Museum has the largest and most diverse collection of Egyptian mummies and materials in the Southern Hemisphere.

“The phrase ‘Speak my name so I may live again’ was inscribed on many Egyptian tombs,” said Dr Fraser. “Our combined project with MMI, in bringing together science and archaeology, helps us very much to re-see them as the individuals they are.”

For More Information
Call (02) 9300 1100

Professor John Magnussen
Special thanks to The Nicholson Museum at The University of Sydney.

Speak my name so I may live again
Limb reconstruction in full force

Macquarie University Hospital orthopaedic surgeons have performed an innovative neuro-prosthetic limb operation, with the pioneering procedure giving a patient two new mind-controlled limbs.

Brain-controlled technologies are on the rise in many fields, with medicine no exception. On Wednesday 29 August, Associate Professor Munjed Al Muderis and Dr Kevin Tetsworth became the first surgeons in the world to perform game-changing surgery that will allow their patient to control two new prosthetic limbs with his mind.

Edwin Ocha Ikwu became a quadruple amputee in 2014. While visiting Australia from Nigeria to attend a conference, he lost both legs and hands to septicaemia. Unable to return home, Edwin was joined in Sydney by his wife in 2015.

“We have been working with Edwin for years,” said Associate Professor Al Muderis, head of The Limb Reconstruction Clinic at MQ Health and an internationally recognised osseointegration surgeon. “We have been refining our techniques, optimising the surgical approach, preparing him for surgery and aiming for this day when we could provide him with new limbs to get him up and walking.

“This technology will allow him to move his legs, and eventually hands, by simply thinking and intending to do it. The thoughts will allow the movements to happen. “Clinically, Edwin has responded well to the medical treatment and we hope to have him walking in the next few weeks. He has incredible resilience and courage.”

Macquarie University Hospital surgeons have been working with engineering researchers from the University to develop a pioneering world-leading brain–computer interface that centres around implantable electrode technology. The innovative procedure, called Osseointegrated Prosthetic Limb - Bilateral Femurs, takes existing targeted muscle reinnervation and bone-anchoring osseointegration techniques and adds implantable electrodes connected into the muscles and nerves.

“It is the unique combination of the three procedures that makes the interface more intuitive than ever before,” said Associate Professor Al Muderis. “The key to this advance has been implantable electrodes that can now capture complex brain signals to enable more natural limb mobility.”

Edwin says that he has been moved by the extent to which Australian doctors have gone to treat his condition. “Things we thought were not possible, are now possible,” he said. “I am so thankful for the doctors who have given so much and to the groups in Sydney who have taken such good care of me and my wife.

“There have been lessons in this experience for me. I want to serve humanity in the years ahead – to use my engineering experience and my personal experience to help others, especially young people.”

Associate Professor Al Muderis is one of just a handful of surgeons worldwide who has special expertise in trans-femoral and trans-humeral amputations. The Limb Reconstruction Clinic at MQ Health is fast becoming a world leader in the groundbreaking technique to provide greater support and mobility for amputees. The clinic takes a comprehensive multidisciplinary team approach with all experts located in a single location at Macquarie University Clinic and Hospital, providing a seamless approach for patients.
Extending endoscopic resection for skull base tumours

An extended resection done entirely endoscopically by Macquarie University Hospital rhinologists and neurosurgeons has removed a very large brain tumour with no neurological deficit to the patient.

Forty-one-year-old patient Elizabeth noticed that she had lost her sense of smell – but experienced no other problems.

“I couldn't smell perfume or eucalyptus,” recalled Elizabeth. “After mentioning it at a routine annual health check in 2016, my GP referred me to an ENT specialist, who sent me for an MRI.

“The MRI showed a very large 6.4 centimetre meningioma sitting on my skull base. It was a real shock.”

Elizabeth then went to Macquarie University Hospital to see Professor Richard Harvey, one of Australia’s most highly trained endoscopic ENT surgeons, having completed three international fellowships with the world’s best endoscopic surgeons in the field.

Professor Harvey talked to neurosurgeon Associate Professor Andrew Davidson to see if they could collaborate to remove the tumour without doing a craniotomy. The environment at Macquarie University Hospital is highly collaborative and encourages surgeons to work across disciplines to develop new approaches for complex cases.

“Elsewhere, it’s quite likely that she would have been treated through open surgery,” said Associate Professor Davidson. “Based on the imaging, Richard was sure he could access it and that the tumour would come away well. And, in fact, it collapsed and peeled off easily.”

Post-operative MRI was done on day one to confirm that the resection was complete.

“We have a team at Macquarie University Hospital prepared to do whatever is needed,” said Professor Harvey. “Endoscopic surgery provides minimal access via a camera through the paranasal sinuses. Surgical entry through the nasal cavity then allows surgeons to access the tumour from below. A large part of the procedure involved the approach to the site of the tumour. This requires high anatomical accuracy and was done by Professor Harvey. Associate Professor Davidson performed the actual tumour removal, freeing it up from critical brain and neuro-vascular structures. This is where the greatest morbidity is most likely to occur.

“I did have concerns whether it was possible,” said Associate Professor Davidson. “Based on the imaging, Richard was sure he could access it and that the tumour would come away well. And, in fact, it collapsed and peeled off easily.”

Elizabeth spent a total of 13 days in hospital. Her overall recovery was about four to six weeks, compared with the four to six months that it would have been from a craniotomy.

“I really owe it to those two doctors for getting me through not just physically – but mentally,” said Elizabeth. “I was mentally pushed as far as I could go.”

Elizabeth returned to her job at a chiropractic practice and to life with her 16-year old son.

“After 12 months, she has no cognitive loss and a great recovery,” said Associate Professor Davidson. “She is living normally and her brain is in amazing shape one year on; you can hardly tell from the scans that she’s had surgery.”

Brain surgery has advanced immensely over the past two decades with the arrival of sophisticated neuro-navigation equipment, advanced imaging and highly specialised tools – such as the NICO Myriad and BrainPath technologies. A significant hurdle was also cleared with the development of ways to decrease the risk of CSF leak rate, something Professor Harvey contributed to in developing the use of vascularised tissue flaps.

Over the coming years, brain surgeons can look forward to better optical technology, in particular the use of robotics to provide an intuitive light source that responds to the surgeon’s movements.

For more information
Associate Professor Andrew Davidson
Call 02 9360 6175
Professor Richard Harvey
Call (02) 9360 4811
Professor John Cartmill and Dr Andrew Gilmore have been close colleagues for years, often operating in pairs for more challenging cases.

Last year, the two colorectal surgeons collaborated to develop a new surgical device: an enhanced guide that facilitates a more efficient exchange of instruments during colorectal surgery.

“During laparoscopic surgery, there are numerous tools and lines being exchanged, sometimes very rapidly to make the best use of a single port,” explained Professor Cartmill.

“The aperture for this activity is relatively small, low in profile and in the dark. That all hampers instrument exchange and takes attention away from the task. This is particularly true for the dominant or active hand.”

Professors Cartmill and Gilmore’s new design is a significantly wider offset funnel-shaped device that connects to an existing abdominal port. The device is fully compatible with ports from various manufacturers.

“The primary benefit here is in shortening the exchange time of instruments and particularly their accuracy of placement,” said Professor Cartmill. “A surgical sequence or ‘phrase’ can be completed more efficiently and accurately because the instrument ‘appears’ exactly where it is expected. There is no hunting.”

With faster, and particularly more accurate, instrument exchange, fatigue is reduced and in some cases the number of ports or small incisions can be reduced.

Macquarie University’s Office of Commercialisation and Innovation has filed a patent application for the ‘new surgical tool’.

“Our office was able to help develop a 3-D printed prototype of the device, which we then put out for commercial interest,” said Anna Grocholsky, Director of Commercialisation and Innovation at Macquarie University.

“A licence has been secured with Multigate Medical Products to fully develop the product, complete the regulatory work and take it to market.

“This is one of several innovations coming out of Macquarie University Hospital that we are helping take to market. It’s great to see the Hospital contributing to Macquarie University’s long history of innovation and commercialisation.”
The MQ Health Pituitary Service offers patients a full range of medical and surgical services for patients with known or suspected pituitary disease.

All relevant services are located at Macquarie University Hospital and Clinic at Macquarie University, near North Ryde. This is particularly valuable for patients living rurally or regionally, who can have specialist consultations, imaging and other medical reviews conducted on the same day in a single location.

The MQ Health Pituitary Service has a strong multidisciplinary team (MDT) focus and patients have access to expert endocrinologists, neurosurgeons, ENT surgeons, pathologists, ophthalmologists, radiologists, radiation oncologists and Macquarie University's Gamma Knife. The MDT model ensures patients get comprehensive and accurate reviews and management of their disease in an efficient and cost-effective manner.

Between them, the MQ Health Pituitary Service members have extensive clinical, surgical and research experience in the field of pituitary disease.

“We offer a full spectrum of services involving the pituitary gland, including new diagnosis, second opinions, review of hormonal replacement and post-operative surveillance,” said Associate Professor Bernard Champion, who runs the service and whose clinical and research interests include pituitary, adrenal and thyroid disease.

“Macquarie University Hospital’s neurosurgery team is one of the best nationally and offers advanced surgical services for pituitary tumours and other associated tumours of the skull base.”

The Clinic runs every Thursday fortnightly with capacity to see up to 20 patients per day. Bulk billing is available according to circumstances and surgery can be referred to the public hospital sector if required.

The clinic is supported by a same day MDT case conference meeting, where local and invited clinicians may present their challenging cases for expert opinion and management recommendations. The service offers prompt and accurate communications with GPs including a clear short and long-term management plan for patients.

The clinic is working towards tele-conferencing health services for management of rural and regional patients.

The wider MDT includes:
- Associate Professor Bernard Champion (Endocrinologist), Dr Veronica Preda (Endocrinologist), Associate Professor Andrew Davidson (Neurosurgeon),
- Associate Professor Antonio Di Ieva (Neurosurgeon), Dr John Fuller (Gamma Knife Neurosurgeon),
- Professor Richard Harvey (ENT Surgeon), Professor Stuart Graham and team (Ophthalmology),
- Dr Cecelia Gzell (Radiation Oncology), Professor John Magnusson (Neuroradiology),
- Dr Michael Rodriguez and Dr Sophie Corbett-Burns (Neuropathology) as well as the support of a number of training fellows across these disciplines.

FOR MORE INFORMATION
Associate Professor Bernard Champion
CALL (02) 9887 8899
Dr Veronica Preda
CALL (02) 9812 2941

The MQ Health Pituitary Service
MQ Health
multidisciplinary
pituitary disease
service

MQ Health multidisciplinary pituitary disease service

Associate Professor Andrew Davidson

MQ Health multidisciplinary pituitary disease service

Associate Professor Bernard Champion
and Dr Veronica Preda

MQ Health multidisciplinary pituitary disease service

Associate Professor Bernard Champion
and Dr Veronica Preda

The MQ Health Pituitary Service offers patients a full range of medical and surgical services for patients with known or suspected pituitary disease.
MQ Health endocrine clinical services expand

Endocrine clinics are now held every week on Thursdays or Fridays and alternate Wednesdays at Macquarie University Clinics and each Monday fortnight at MQ Health’s Blacktown campus.

The service offers patients both male and female endocrinologists with Dr Ling fluent in both Mandarin and Cantonese. The clinic sees patients with all endocrine conditions including sexual and reproductive issues, metabolic disorders, diabetes, thyroid and parathyroid disease and osteoporosis.

The team holds regular MDT meetings for patient review and treatment plans, and has a year-round 24-hour on call hospital consultant roster led by four endocrinologists.

In 2019, the service will include a full-time advanced trainee as part of a fully accredited training position at Macquarie University Hospital.

FOR MORE INFORMATION
Dr Min Ling
CALL (02) 9585 1899

PITUITARY CLINIC: PATIENT STORY

After having a pituitary tumour endoscopically removed at Macquarie University Hospital, Eleanor Booth now visits the MQ Health Pituitary Clinic for ongoing management at the one location.

After persistent headaches and a red watery right eye, Eleanor Booth’s GP recommended a brain MRI. The scan showed a rare pituitary tumour – a silent corticotroph adenoma that measured 19mm by 16mm and had grown into her paranasal sinuses.

Within seven days, Eleanor had surgery at Macquarie University Hospital. Neurosurgeon Associate Professor Andrew Davidson and ENT surgeon Professor Richard Harvey collaborated in the operating theatre as a team to perform trans-nasal endoscopic resection of the fast-growing tumour.

All post-operative management now takes place through the MQ Health Pituitary Clinic, including a residual cyst that is monitored through six monthly MRIs, and hormone levels reviewed every three months by Professor Bernard Champion.

Managing cortisol and other pituitary hormone levels is key to the long-term management of corticotroph tumours.

“I think the Pituitary Clinic is fantastic,” Eleanor said. “Everything I need is there – the imaging service, and my full team of doctors. The clinic makes the appointment for me and sends me a reminder, and I just show up. “Because of the multidisciplinary team approach, my team has already met to discuss my case and my latest results prior to my appointment. This means information and options are presented to me in a really efficient way. And because my surgeons and specialists are all on the same location, we get results discussed and a management plan is worked out on the spot.

“A junior doctor is always part of the team, so the training environment brings that extra bit of rigour and clarity, I feel. It all works seamlessly, and I don’t have to go to multiple locations or spend hours on the phone chasing up results and information.”

FOR MORE INFORMATION
The Healthy Weight Clinic
CALL (02) 9812 2941
EMAIL hwc@mqhealth.org.au

Healthy Weight Clinic

The Healthy Weight Clinic at MQ Health is a full-service multidisciplinary weight management clinic and caters to a broad range of health and weight concerns and includes programs for change in lifestyle behaviours. It involves multidisciplinary care involving endocrinologists (Dr Veronica Preda and Associate Professor Ken Ho), respiratory physicians, an exercise physiologist (Joanna Jaques), dietitian (Juliana Chen), clinical psychology and bariatric surgery (Professor Reg Lord) to better manage weight, its comorbidities and successful weight loss.

We have integrated care at the Hospital to extend into managing all the complications of obesity, such as fatty liver, OSA and cardiac complications. Alongside this, we run an atrial fibrillation clinic with MQ Health Cardiology to address the weight component in the common cardiac condition of atrial fibrillation and its management with weight loss.

Endocrine clinics are now held every week on Thursdays or Fridays and alternate Wednesdays at Macquarie University Clinics and each Monday fortnight at MQ Health’s Blacktown campus.

The service offers patients both male and female endocrinologists with Dr Ling fluent in both Mandarin and Cantonese. The clinic sees patients with all endocrine conditions including sexual and reproductive issues, metabolic disorders, diabetes, thyroid and parathyroid disease and osteoporosis.

The team holds regular MDT meetings for patient review and treatment plans, and has a year-round 24-hour on call hospital consultant roster led by four endocrinologists.

In 2019, the service will include a full-time advanced trainee as part of a fully accredited training position at Macquarie University Hospital.

FOR MORE INFORMATION
Dr Min Ling
CALL (02) 9585 1899

PITUITARY CLINIC: PATIENT STORY

After having a pituitary tumour endoscopically removed at Macquarie University Hospital, Eleanor Booth now visits the MQ Health Pituitary Clinic for ongoing management at the one location.

After persistent headaches and a red watery right eye, Eleanor Booth’s GP recommended a brain MRI. The scan showed a rare pituitary tumour – a silent corticotroph adenoma that measured 19mm by 16mm and had grown into her paranasal sinuses.

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Our surgeons demonstrate advanced robotic techniques in radical prostatectomy and partial nephrectomy.

The Sydney Robotics Summit 2018 saw two Macquarie University Hospital urological surgeons perform live-streamed robotic procedures as part of the conference’s aim to broaden registrants’ knowledge and experience of the latest developments in robotic surgery.

The multidisciplinary and multi specialty conference includes urology, cardiology, ENT, colorectal and gynaecology. It is unique within Australia and focuses on key topics from international and local experts in robotic surgery. This year, the summit included live surgery for the first time.

Dr Justin Vass, urological surgeon at Macquarie University Hospital, performed a robotic-assisted laparoscopic radical prostatectomy. Dr Howard Lau, also part of the Hospital’s urology team, performed a robotic-assisted partial nephrectomy.

“The goal was to demonstrate the finer points of these techniques,” said Dr Vass, one of the first urologists in NSW to train in robotic-assisted surgery for prostate cancer.

“When radical prostatectomy, in addition to removing the cancer and retaining continence, retaining erectile function is also very important. The nerves for erectile function are very delicate autonomic nerve fibres that run between the facial layers that cover the prostate. They need to be peeled away very carefully to avoid injury even from undue traction.

“The live surgery demonstration was about improving and demonstrating many technical and operative steps, but in particular the nerve sparing technique.”

A panel of four experts in robotic-assisted surgery provided commentary during the procedure and Drs Vass and Lau also participated in question and answer sessions during and after the procedure to the audience of around 600 surgeons.

FOR MORE INFORMATION
Dr Justin Vass
CALL (02) 9439 3899
Professor Howard Lau
CALL (02) 9635 5377

Macquarie University Hospital’s Robotic Program: Excellence in Prostate Cancer Diagnosis and Treatment

Macquarie University Hospital acquired its first Da Vinci Surgical System soon after it opened its door in 2010, with urology the first clinical discipline to take up the technology. The Hospital is now the busiest robotic prostate centre in NSW and is widely considered a national centre of excellence in robotic-assisted prostate cancer treatment.

“We’ve been able to make incredible advances in prostate services at Macquarie University Hospital because we have such a cohesive urology unit,” said Dr Vass. “The team has an exceptional record of advanced training, innovation and commitment.

“It’s not just that our surgical expertise is world-class, but we also have highly skilled nursing staff in theatre and on the ward. The post-operative care – especially for robotic surgery – is second to none. The care also goes hand-in-hand with leading diagnostic capabilities, especially multiparametric MRI, PSMA PET scanning and robotic prostate biopsy options.

This multidisciplinary approach allows us to determine highly accurate patient profiles and then develop specific and appropriate treatments for our patients.”
The new Macquarie MD program set to soar

MQ Health was delighted to welcome Professor Vincent Lam to the academic and clinical staff earlier this year. Professor Lam is one of Sydney’s most highly regarded clinical professors and minimally invasive liver, pancreatic and gall bladder surgeons, also with expertise in robotic surgery.

“What persuaded me to come to Macquarie is its dedicated mission to Heal, Learn and Discover,” said Professor Lam, who, after medical and fellowship training, also completed a Doctorate of Clinical Surgery at the University of Sydney in 2013.

Professor Lam’s primary focus will be linking the ‘Heal’ and ‘Learn’ components of the MQ Health vision in the Faculty’s new Macquarie MD program. The four-year program commenced this year with a cohort of 50. It builds on the Hospital’s original vision for medical training to provide an alternative model to traditional programs that depend almost exclusively on large teaching hospitals.

The Macquarie MD combines innovative educational techniques such as team-based learning, interprofessional learning, simulation learning and competency-based assessment, and early experiential learning with regular clinical placements.

The program’s first two years focus on biomedical, clinical and social sciences and lay the foundations for clinical practice. This is followed by a third and fourth year in which the focus is on immersion in Australian and international clinical teams.

MQ Health offers a unique health environment combining academic and clinical education with private practice, community health services and a global experience.

CLINICAL WORK: CANCER CLINICAL PROGRAM

Professor Lam’s clinical and research interests include minimally invasive surgery of the pancreas and liver 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.

As a clinician, he aims to help build the MQ Health model of streamlined, convenient and timely care for patients, where services can all be accessed on a single site.

“Under this model, it’s not the system dictating when and where a patient receives a service or how long it takes for treatment to commence,” said Professor Lam. “Rather, patient needs are at the centre. Patients want access to things like imaging and chemotherapy right away if they are ill. How do we shorten the time it takes for treatment to commence? And how do we make it a sustainable model? This is the essence of the MQ Health model.

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

FOR MORE INFORMATION

Professor Vincent Lam

CALL (02) 9812 3880
Right heart catheterisation (RHC) is considered the gold standard method for diagnosing pulmonary hypertension and is an essential evaluation for assessing breathless patients. RHC is also used to assess the severity of heart failure and direct haemodynamic effects of treatments.

A lack of sufficient and standard opportunities in training for advanced cardiology trainees in RHC, however, has led a Macquarie University Hospital specialist to design and offer a specialised training program in the procedure.

In June, cardiologist Associate Professor Martin Brown teamed up with colleague Associate Professor Eugene Kotlyar from St Vincent’s Hospital to deliver Australia’s first RHC seminar using Macquarie University’s simulation centre for clinical practice, located within the Faculty of Medicine and Health Sciences.

The two specialists are both highly experienced in pulmonary hypertension and RHC, being recognised leaders in the field.

“We have designed the course to ensure that best practice and advanced techniques are taught in performing and interpreting RHC,” said Associate Professor Brown, principal investigator in multiple international clinical trials and co-founder of the Sydney Pulmonary Hypertension Specialists.

“To this end, the seminar provided both didactic lectures to teach theory and a practical workshop during which participants performed RHC simulations on cadaver-like simulators with mocked real-time pressure monitoring.”

Participants learned clinical indications, best practice in advanced RHC techniques, management of complications and reporting on haemodynamics observed.

“We are delighted to have the seminar endorsed by the Advanced Training Committee in Cardiology at the Royal Australasian College of Physicians,” he added. “After completing the course, participants will hopefully be more confident and skilled in performing and interpreting RHC in their own patients.

“We are hoping to offer this course on a regular basis to address a current gap in training in this particular procedure.”
MQ HEALTH’S NEW VOLUNTEER PROGRAM SEeks TO ENHANCE THE PATIENT EXPERIENCE WITH SEVERAL STRATEGIC INITIATIVES AND ROLES.

As part of MQ Health, Macquarie University Hospital has extended its high-quality patient-centred model of care to its brand new volunteer program. Officially launched this year, the MQ Health Volunteer Program will roll out several initiatives that focus on patients, their families and visitors to the Hospital. The program will ultimately work across MQ Health’s three integrated health facilities: the Hospital, Clinic and Faculty of Medicine and Health Sciences.

Volunteer Coordinator Jane Goodwin-Moore said that the program aims to establish a range of dynamic roles that support MQ Health’s mission and values. “The program will support our core mandate to ‘heal, learn and discover,’” she said. “In the first instance, we will be focusing on initiatives that provide a warm experience and a meaningful connection with the Hospital and Clinic for patients and their families, as well as the wider community.”

The program’s first initiative will be training volunteers to support the Attendant Service at the Concierge and Patient Resource Centre desk in the Clinic building. The Attendant role will meet, greet and help visitors find their way to different clinical areas, and answer questions around parking, ordering a taxi, and getting to bus stops, train stations or cafes. This role will also support the Resource Centre, currently being established in the Reception area of the Clinic building, by helping patients to locate the medical information available in the centre.

“Another area in which we would like to see more volunteers participate is on the MQ Health Consumer Advisory Committee,” said Jane. “The committee works to increase consumer, carer and community participation as well as patient-centredness in appropriate areas of MQ Health’s planning and operations.

“There are still vacancies on the group, and we are hoping some volunteers might apply for a position.”

And in a third initiative, the MQ Health Volunteer Program will partner with the University’s Health and Wellbeing Collaboration (HAWC) program for Macquarie University physiotherapy students. The HAWC program gives students the real-world experience they need to provide person-centred care by practicing basic skills in interviewing, assessment, observation and measurement. Volunteers can offer their time and feedback as participants in this program.

There are additional ideas around volunteers serving as ‘companions’ for patients on the wards for patients where they might run an errand for a patient, or sit and have a cup of tea with them. “We’d like to build up a volunteer group from diverse backgrounds and communities, and recognise that each person brings a unique perspective and valuable skills to the organisation,” said Jane.

“I think that for volunteers, being a part of the MQ Health volunteer team can provide them with the opportunity to truly make a difference in the lives of our patients, their families and loved ones.

“They also have the opportunity to meet and work with other fantastic caregivers, learn new skills and be involved in regular social activities and events.

“We have had interest from people from all walks of life – different ages, cultures, language groups and backgrounds. We would like our volunteer group and the program to reflect where MQ Health sits – in a very multicultural suburb and within a dynamic and diverse campus environment.”

TO FIND OUT MORE EMAIL volunteers@mqhealth.org.au
Jack Ottens has become one of Australia’s youngest patients ever to have Gamma Knife treatment for a deep-brain arteriovenous malformation (AVM). The treatment took place at Macquarie University Hospital, which includes one of Australia’s leading neurosurgery and neurosciences programs.

“Gamma Knife surgery has revolutionised the management of many complex or inoperable brain conditions – including AVMs,” said Dr John Fuller, the Macquarie University Hospital surgeon who performed Jack’s treatment along with his team.

“While smaller AVMs can be removed surgically, larger ones and those buried deeper in the brain are now best treated by Gamma Knife.”

Melbourne-based Jack developed an AVM at the age of five. He was treated with LINAC radiosurgery, which obliterated most but not all of the mass. With the risks too high to repeat LINAC radiosurgery, doctors agreed that Gamma Knife treatment was his safest option.

An AVM is an abnormal tangle of blood vessels in the brain or spine, with haemorrhage a major risk. Bleeding from an AVM most often occurs between the ages of 10 and 30. Jack has already experienced two such haemorrhages.

“In Jack’s case, Gamma Knife presents a promising option in the absence of other viable modalities,” said Dr Fuller.

“We are confident that with the high-dose gradient, we can effectively manage the residual malformation. It takes a long time, however, for complete obliteration to occur so final results won’t be determined for years.”

After Jack became ill, his mother Christine spent years looking nationally and internationally for the best treatment. The family feels fortunate that Macquarie University Hospital offers Jack his best option in Gamma Knife surgery.

Macquarie University Hospital brought Gamma Knife technology to Australia ten years ago in an effort to offer patients with complex AVMs and brain tumours a new non-surgical form of treatment. The Gamma Knife is one of the most precise, powerful and proven treatments for brain disorders. It delivers an extremely accurate dose of gamma radiation while reducing exposure to sensitive healthy tissue.

“Early data from Macquarie University Hospital’s Gamma Knife treatment for AVM shows results in line with international best practice,” explained Dr Fuller.

“International data demonstrates a very high rate of obliteration within a few years of treatment.”

Jack’s treatment at Macquarie University Hospital was made possible with support from the Doug and Monique Thompson Fund, established with a philanthropic gift from the Thompson family to provide access to the potentially life-saving treatment for those who could not otherwise afford it.

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 Mt 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.”

For more information
Macquarie Neurosurgery
Call (02) 9812 3900

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’.

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Peter and Sue Dodd’s generous donation helped to establish the Dodd Family Nursing Scholarship two years ago.

Nurses – who make up the bulk of the Hospital’s professional medical staff – can apply to the scholarship under one of three categories (clinical studies, education or management) and can specialise in an area of their choice.

Seven Registered Nurses, recipients of the scholarship’s inaugural round, are now part-way through their respective postgraduate courses. Recipients include Hee Jeong Song, Francesca Gilbuena, Elizabeth Marshall, Claire Whalley, Melissa Ho and Helen Ho. The nurses are enrolled across the Graduate Certificate in Critical Care, Graduate Diploma in Neurosciences, Master of Healthcare Leadership and Graduate Certificate of Management.

The seven nurses each expressed their gratitude in a special publication prepared for the event. They acknowledged the Dodd family’s support that is enabling them to develop their skills, offer enhanced patient care and play more of a leadership role in their field.

In expressing her thanks, Claire Whalley, JCU Registered Nurse, said: “Education for nurses is a big commitment and the cost of studying is sometimes prohibitive. This scholarship will enable more nurses to study and gain the skills and attributes needed to continue to develop and improve our fantastic hospital and its nursing workforce.”

Using state-of-the-art tools, Macquarie University Hospital neurosurgeons taught the white matter dissection technique in Australia for the first time as part of their advanced training series.

The RACS OPD-approved activity took place at the Hospital in June and was designed for registrars, surgeons and consultants to improve their understanding of neuroanatomy and brain tumour resection.

“Internationally, white matter dissection – also known as the Klingler technique – is now regarded as better than other anatomical techniques in understanding the brain,” said Associate Professor Antonio Di Ieva, who ran the workshop.

“Our training aimed to bring Australia into line with international best practice, with advanced training provided through three-dimensional visualisation of the brain connections as applied in vitro, in vivo and on neuroimaging.”

Following this, a second training activity – the 2nd Macquarie Neurosurgery Micro-Vascular Anastomosis Workshop – took place.

This was an outstanding assessment of the Hospital against the national standards for quality and healthcare.

On 19 and 20, June 2018 Macquarie University Hospital undertook the International Standards Organisation (ISO) accreditation. The two day audit saw the Hospital awarded with eight met with merits including:

- Management of risk throughout the hospital in both clinical and operational settings
- Incident management system and investigations
- Communication with the consumers on the organisations safety and quality performance
- Workforce immunisation program
- Infection control compliance
- Control of use of antibiotics
- This was an outstanding assessment of the Hospital in both clinical and operational settings

ISO ACCREDITATION

Movember at Macquarie University Hospital is a Hospital wide fundraising initiative.

Many of our doctors and staff either participated in the ‘Grow a Mo’ or ‘Move’ challenge to raise much needed funds for this great cause.

On Friday 23 November, we organised a Movember fundraiser at the front of the Hospital.

Kevin Kelly and his team arranged a wonderful BBQ. A selection of delicious desserts were supplied by Cakes and Cups by Maria and Hong Huynh and Bernard Riley ran a fundraising raffle.

This important fundraising event was supported by staff, doctors, patients and visitors to the Hospital. Together we raised over $4,109. which we have donated to The Movember Foundation.

The Foundation focuses on three main health issues faced by men – prostate cancer, testicular cancer and mental health and suicide prevention.

To find out more please visit movember.com

The annual Department of Veterans’ Affairs patients satisfaction survey was conducted between July 2017 and June 2018. The overall rating was outstanding sitting at 9.4 out of 10 for our net promoter score. The national average was 8.8 out of 10.

When asked if veterans would recommend the Macquarie University Hospital, 100% of respondents said they would, with the national average sitting at 96.

The Hospital received a number of other net satisfaction ratings including the following:

- Being treated with respect and dignity from the nursing staff
- Being treated with respect and dignity from doctors
- Observed hand washing
- Cleanliness of the Hospital
- Meal service
- Did we control your pain?
- Did we stop the pain?
- Understanding medications
- Involvement in discharge planning

When asked if any of the veterans were at all dissatisfied with the hospital, there were no responses in the affirmative.

DVA SURVEY