A new bronchial procedure for patients with COPD and emphysema

Earlier this year, Macquarie University Hospital specialists performed the first clinical bronchial thermal vapour ablation procedure for COPD in Australia.
A new bronchial procedure for patients with COPD and emphysema

Biological implant ushers in next generation shoulder surgery

World-class shoulder biomechanics lab at MQ Health

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medicine conference

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Linking breast cancer with textured implants

Why is lipoedema poorly diagnosed?

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Chief Executive MUH

Welcome

to Macquarie University Hospital

Patrick McNeil

Chief Executive MUH

Chief Executive MUH

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Designer: Emofia Design

Photographers: Paul Wright, Tim Robinson, Chris Stacey, Jesse Taylor, Cristina Fierini.

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Please note any surgical or invasive procedure carries risks. Before proceeding, you should seek a second opinion from an appropriately qualified health practitioner.

MQ Health constantly makes its way into patient care. In a new and robust model, neurosurgery and pain specialists are getting excellent results from their study of pre-surgical pain management approaches for spinal patients on high doses of opioid painkillers. Similarly, new research done at MQ Health into sinus inflammation has led to a new clinical understanding and treatment approach by ENT surgeons.

COPD patients now have access to new bronchial thermal vapour ablation, another Australian first performed at Macquarie University Hospital. Our individualised rehabilitation programs for cardiac and pulmonary programs have been designed collaboratively between physiotherapy academics and practitioners to deliver best practice programs.

Cancer care at MQ Health continues to strengthen and we are pleased to announce the opening of our ‘rapid access’ breast assessment clinic.

Frontier

Macquarie University Hospital

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immediate on-site ultrasound and biopsies with same day results are key to the fast, low-cost and streamlined service model we have established.

Our lymphoedema program, in its commitment to prospective surveillance and early intervention for breast cancer surgery patients, continues to run nationally accredited training programs for lymphoedema therapists.

Through ALERT, the highly skilled lymphoedema team is able to treat more common and rare forms of lymphoedema.

We hope you enjoy reading this edition of Frontier and discovering some of the amazing work happening at MQ Health.

Walter Kmet,

Chief Executive MUH

and Clinical Services

Patrick McNeil

Deputy Vice Chancellor, Medicine and Health
Three patients with high-grade bursal rotator cuff injury have each had a unique operation that ushers in a new generation of biological orthopaedic surgery.

The arthroscopic procedure involves a small collagen patch – the REGENETEN™ Bioinductive Implant – being placed on the rotator cuff tear and secured in place. Over six to twelve months, the patch stimulates the body's natural healing response to support new tendon growth. Within a year, the patch gradually absorbs, leaving a layer of tendon-like tissue and thereby slowing disease progression.

Professor Des Bokor, orthopaedic surgeon at Macquarie University Hospital who performed the procedures, says that the implant is a ‘disruptive innovation’ in orthopaedic surgery.

“All current implants are static material that stay in the body as a support,” Professor Bokor said.

“The REGENETEN Bioinductive Implant is not structural. Rather, it gradually induces the formation of new tendinous tissue over the surface of the tendon, resulting in a thicker tendon.

“The implant essentially lays down the pathway for new tissue to grow, thereby slowing or halting progression of the disease.”

Rotator cuff tears are the most common form of shoulder pain and disability, yet have been traditionally hard to heal, with small tears inevitably becoming larger.

With the body putting its energy into fighting the stress of a tear, it is unable to heal the tear itself. The REGENETEN Bioinductive Implant works to remove that stress by creating an environment in which the body can focus on new tendon growth.

Professor Bokor first worked on developing the procedure six years ago with US-based company Rotation Medical, who developed the original concept. Working at Macquarie University Hospital, Professor Bokor and fellow surgeons developed the instrumentation and surgical approach.

Since clearing FDA approval, more than 20,000 implants have now been done in the US. The procedure is awaiting TGA approval in Australia, with Macquarie University Hospital the only facility having been granted a licence to perform special access cases. The procedure should be widely available in about a year. Recovery time is fast with patients resuming normal activity at six to eight weeks.

Using US data, Professor Bokor has published five year results from the procedure. He will present the findings in New Orleans in October this year and in London next June.
A new bronchial procedure for patients with COPD and emphysema

MQ Health interventional pulmonologist Professor Alvin Ing performed Australia’s first Bronchoscopic Thermal Vapour Ablation (BTVA) procedures in a clinical setting in February this year. BTVA is a recently developed method of Endoscopic Lung Volume Reduction (ELVR). Lung volume reduction is desirable in chronic obstructive pulmonary disease (COPD) patients with emphysema who have hyperinflated lungs and gas trapping that cause breathlessness.

Until recently, ELVR was only available with endobronchial valves. However, for patients with collateral ventilation, there have been no options available to achieve ELVR. At least 50% of patients with severe COPD fall into this category, and BTVA now offers a treatment strategy for this group.

BTVA involves the targeted delivery of steam to the diseased sections of lung, while preserving healthy sections. Patients have two treatment sessions three months apart. Outcomes are measured using lung function measurements, validated symptoms and quality of life scores, and a 6-minute walk test taken 3 and 12 months after the second treatment. HRCT imaging and CT–SPECT differential V/Q scanning are also used to assess lung volume reduction and changes in ventilation and perfusion.

The MQ Health cases are the first to be enrolled in a multi-centre national registry investigating the efficacy and safety of thermal ablation as a method of achieving ELVR in severe COPD patients. The procedure is now available through MQ Health Respiratory and Sleep. An expert team of MQ Health specialists, including Professor Alvin Ing, Associate Professor Jonathan Williamson, Dr Tajalli Saghaie and Professor Martin Phillips, performed the first bronchial thermal ablation procedure for COPD in Australia earlier this year.

COPD

COPD is a common preventable and treatable disease that is characterised by persistent respiratory symptoms and airflow limitation and is usually caused by significant exposure to tobacco smoke and other noxious particles or gases. Patients with COPD develop parenchymal destruction (emphysema) and (small) airways disease with inflammation and fibrosis. COPD is the third leading cause of death worldwide.

FOR MORE INFORMATION
MQ Health Respiratory and Sleep CALL (02) 9812 3709 EMAIL reception@mqrs.com.au

Professor Alvin Ing, Professor Martin Phillips, Dr Tajalli Saghaie and Associate Professor Jonathan Williamson.

EARLIER THIS YEAR, MACQUARIE UNIVERSITY HOSPITAL SPECIALISTS PERFORMED THE FIRST CLINICAL BRONCHIAL THERMAL VAPOURABLATION PROCEDURE FOR COPD IN AUSTRALIA.

Heal. Learn. Discover.
Innovative bone transport nail surgery
AN AUSTRALIAN FIRST

Associate Professor Munjed Al Muderis and Dr Kevin Tetsworth have performed an Australian first limb lengthening surgery using the minimally invasive Precice® Bone Transport System. The innovative technology is used to treat segmental bone defects of up to 10 centimeters in the tibia and femur that have resulted from a tumour or injury.

The Precice® Bone Transport System works by using the body’s own capacity to create new bone as well as surrounding soft tissues, ligaments, blood vessels and nerves. It is currently the only all internal system, compared to traditional external fixation systems that require patients to wear an external device for an extended period of time, with the potential for increased pain and risk of infection.

The process begins with an osteotomy in which the orthopaedic surgeon cuts the bone to be lengthened. Segments of bone related to the fracture or the tumour are then removed and a component of intercalary bone to be transported is created. An implantable, magnetic intramedullary nail with a dual slot supports the transport of the bone segment to facilitate healthy regeneration.

Following implantation, an external remote controller is used to precisely move the bone segment up to 10 centimeters, with multiple configurations and sizes available to best match each patient’s unique anatomy. Continued growth of the new bone is accomplished by adjusting pins in the frame four times a day, ¼ millimetre with each adjustment, for a total of 1 millimetre a day with the body continuously producing new tissue in the gap until the desired length of bone has been generated.

Patient Jim Medcraft, who underwent the procedure in June this year, was enormously grateful that he was able to benefit from the surgery. Jim was severely injured by a hit and run accident while working in Texas in 2016 and, in addition to a subdural haemorrhage, fractured spine and other serious injuries, Jim broke both the tibia and fibula of both legs. He’s had many operations since that day, but the possibility of losing one of his legs was devastating news.

“Prior to meeting Munjed, I was told that my leg would need to be amputated,” he said. “While my right leg had healed well after the initial surgeries, my left leg didn’t. Leaving a gap in the bone too large for standard surgical limb lengthening techniques. I also contracted a golden staph infection, which worsened the nerve damage I had and led to other complications. After I was told amputation was the only option, I went to see Munjed to discuss osseointegration. That’s when he said that the leg was not at the point of amputation and could be fixed.”

“There are no words to describe how I felt when I found out there was a chance the leg could be saved. It’s been four weeks now since the limb lengthening procedure and the leg has already grown.

“I think it’s pretty amazing to see such an ancient practice like medicine use new engineering technologies to develop this innovative procedure that can have such a huge impact on the lives of patients and their families.”

Associate Professor Al Muderis said that segmental bone defect poses a major challenge for reconstructive surgeons.

“Treatment options are very limited, utilising the application of external fixators for a lengthy time and extending to months or even years or, alternatively, an amputation,” he said.

“New technology revolutions segmental bone defect treatment by utilising keyhole surgery to fill the gap without the need for external devices, allowing the patient larger freedom of movement and comfort.”

FOR MORE INFORMATION CALL (02) 9812 3605

ORTHOPAEDIC SURGEONS AT THE MQ HEALTH LIMB RECONSTRUCTION CENTRE HAVE PERFORMED A REVOLUTIONARY NEW LIMB LENGTHENING PROCEDURE, USING MINIMALLY INVASIVE TECHNOLOGY THAT REPLACES THE NEED FOR EXTERNAL FIXATION.
MQ Health’s important Lymphoedema Therapist Training Program

Lymphoedema training at MQ Health aims to improve access for breast cancer patients to a prospective surveillance and early intervention model of care with the aim of preventing lymphoedema developing – and in line with national and international guidelines.

About 20 per cent of breast cancer patients having axillary lymph node surgery develop lymphoedema. Current Australasian Lymphology Association (ALA) guidelines state that all patients undergoing breast cancer surgery should be informed about the condition and receive post-treatment monitoring for two years. Left untreated, lymphoedema can become a chronic, lifelong problem.

While lymphoedema awareness has improved over time, there are still gaps in the provision of information to health professionals and breast cancer patients across Australia. The MQ Health-based Australian Lymphoedema Education, Research and Training (ALERT) program is addressing this problem through its continuing professional development program.

The core nine-day intensive course covers all topics of complex lymphoedema therapy (CLT) such as the theory of lymphatic anatomy and physiology, compression therapy (bandaging, ready-to-wear garments, custom-made garments and technology such as compression pumps), treatment technology (such as laser and negative pressure), adjuvant treatments (such as an overview of kinesiology taping and the use of chip bags/swell spots), exercise prescription, psychological well-being and surgical management.

Most content is taught by ALERT’s academic staff who are all accredited lymphoedema therapists and are listed on the National Lymphoedema Practitioner’s Register (NLPR). The course includes a combination of practical and theory in an interactive learning environment – including access to cadaver specimens for hands-on training.

Offered through the Faculty of Medicine and Health Sciences at Macquarie University, the ALERT course is currently the only Australian program to provide lymphoedema education through a university. This means some of the best lymphoedema experts in the country including Professor John Boyages, Associate Professor Hiroo Suami and Dr Helen Mackie also teach on the course. For example, one of the more academic components is understanding lymphatic anatomy utilising the latest evidence in lymphatic imaging techniques – near-infrared fluorescence lymphatic imaging (ICG) and lymphatic territories (lymphosomes), which is taught by Associate Professor Hiroo Suami, a world-expert in lymphatic research.

“The research shows quite clearly now that the earlier that cancer patients are provided with education and risk reduction practices, the lower their likelihood of developing lymphoedema,” said Andrea Mangion, ALERT Education Coordinator as well as a physiotherapist, lecturer and NLPR member.

“Women are getting good breast cancer treatment, but poor information on lymphoedema. While GPs play an important role in monitoring this condition, having more adequately trained lymphoedema therapists around the country will help to ensure that women can have access to an expert trained in measurement, garment-fitting, the role of exercise and other rehabilitation areas.

“It’s important that breast cancer patients know that there are things you can do to reduce the development of lymphoedema, and that early detection is the key to reducing its onset. You need GPs to ensure patients are informed or referred, and then allied health professionals knowledgeable about lymphoedema to then provide the service.”

The ALA endorses the use of bioimpedance spectroscopy (BIS) as a validated and reliable tool to enable early detection of breast cancer related lymphoedema of the arm.

In 2018, 261 allied health professionals completed training through ALERT Education either through the full lymphoedema qualification course or through shorter skill-based workshops for already qualified lymphoedema therapists.

The next course dates are 17 – 27 September 2019 (excluding the weekend of 21 – 22). To register, please visit mqhealth.org.au/alerteducation
TREATMENT FOR MANY COMMON SINUS CONDITIONS HAS CHANGED OVER THE PAST TEN YEARS – WITH MQ HEALTH OTOLARYNGOLOGY RESEARCHERS AND SURGEONS CONTRIBUTING TO A NEW APPROACH.

Upper airway-related conditions – such as rhinitis, sinusitis and asthma – are common, affecting around nine per cent of the population. Treatment approaches for these conditions have been based on diagnosing them as infections, and treating them with antibiotics. However, evidence now suggests that many patient’s sinonasal disease is better understood as a condition caused by chronic inflammation rather than infection.

“Our approach to sinus inflammation – the endotyping of the inflammation, the surgery and the treatment afterwards – has all changed in the past decade,” said Professor Harvey, rhinologist and ENT surgeon at Macquarie University Hospital.

“Some of the research that informed this change was performed at Macquarie University by doctoral student Kornkiat Snidvongs in 2013. His work determined chronic inflammation as underlying many common conditions.”

Treatment by the MQ Health ENT team now involves an endoscopic surgical intervention to change the anatomy of the airways. Patients are then given a corticosteroid nasal irrigation and a topical anti-inflammatory treatment, which they self-administer daily.

“In this treatment paradigm, the purpose of sinus surgery is to create access for topical therapies rather than relieving obstruction,” explained Professor Harvey.

“High-volume and positive pressure irrigations allow pharmaceutical preparations to better contact sinus mucosa and enhance the mechanical removal of mucus and inflammatory products. This is the essential intervention for inflammatory disorders of the sinuses.”

Melbourne-based Rachel Levin experienced first-hand the benefits of the new approach. She had lost her smell and taste for about five years, suffered recurrent sinusitis and chronic congestion, and was unable to find a specialist to treat her case successfully. At one point, she had simple treatment for polyps, and another for allergies. Neither stopped her sinus congestion nor brought back her smell or taste.

Rachel eventually found out about the new approach for her condition after researching the latest in treatment for smell and taste disorders in the UK. This led her to MQ Health, one of the few centres in the country performing the new approach.

“When I met with Professor Harvey, it was a light bulb moment,” said Rachel. “Everything he said made sense. I liked the idea that it wasn’t ‘aggressive’ surgery – as another surgeon had suggested I might need as a ‘last resort’ measure.

“I had the surgery last year. I could fly home within 24 hours later, and you couldn’t outwardly tell that I had had sinus surgery as there was no bruising or swelling. I have my smell and taste and, more importantly, my quality of life back.”

Professor Harvey said that the academic model of medicine practiced at MQ Health allows the translation of research conducted within the precinct to make its way into clinical practice very efficiently.

“Our team had immediate access to the outstanding research performed by past fellow and doctoral student Dr Snidvongs to guide Rachel’s treatment and she has had a fabulous outcome with the resolution of all her symptoms and the return of smell,” he said.

“ENT surgery for sinus inflammation is still transitioning to this new approach, which should become increasingly used as standard treatment in years to come. The research we have undertaken and continue to produce at Macquarie University is part of the evidence that is shifting current clinical practice.”

A NEW APPROACH TO TREATING COMMON SINUS CONDITIONS

FOR MORE INFORMATION CALL (02) 9360 4811
New funding to develop a translational orthopaedic shoulder research program in collaboration with MQ Health’s unique Cadaveric Surgical Centre and Macquarie University’s Department of Engineering.

Dr Sumit Raniga is a subspecialist orthopaedic surgeon who has recently joined MQ Health on a full-time basis after completing three years of dedicated clinical and research fellowships in world-renowned centres of excellence in shoulder and elbow surgery.

He is the first Fellow of the Royal Australian College of Surgeon’s to complete a one-year fellowship at the world-famous Department of Orthopaedics and Traumatology, at the Bern University Hospital in Switzerland, where he was awarded the prestigious Charles S. Neer Award in 2016. Dr Raniga was also in the process of building a biomechanical laboratory as part of his fellowship.

MQ Health’s unique cadaveric surgical centre has been recently awarded $330,000 to build Asia-Pacific’s most advanced Cadaveric Shoulder Biomechanics Laboratory.

With a background in molecular medicine as well as biomechanical research, Dr Raniga joined MQ Health with a vision to develop a world-class orthopaedic research program that focuses on basic scientific research that improves praxis design, surgical techniques and rehabilitation to improve patient outcomes. To this end, Dr Raniga submitted a detailed proposal outlining his vision of developing an MQ Health Translational Shoulder Program and has recently been awarded a research grant of $300,000 to build Asia-Pacific’s first six degree-of-freedom, right muscle actuated, cadaveric shoulder simulator. A further $474,000 investment by Macquarie University will go towards developing a program in orthopaedic research.

This funding has allowed the assembly of a multidisciplinary team that enables an intensive collaboration between academic shoulder surgeons, radiologists, physiotherapists, biomechanical engineers, basic scientists and industry to improve patient outcomes through translational orthopaedic research. This lab is a catalyst for a broader integrated Macquarie University Clinical Research Program that encompasses clinical practice, research and teaching, spanning multiple faculties and technical disciplines.

“The new shoulder biomechanics lab and research program will have a strong focus on improving patient outcomes through evidence-based evolution of all aspects of shoulder surgery and rehabilitation,” explained Dr Sumit Raniga, who will direct this new world-class facility.

“The first phase of our research program involves building the most advanced Cadaveric Shoulder Simulator to allow innovative biomechanical implant testing and development of improved surgical techniques.”

Associate Professor Louis Ferreira – a world-renowned expert in shoulder biomechanics and mechatronics from the Roth McFarlane Hand and Upper Limb Centre in Canada – has arrived to support and help build this unique shoulder simulator.

“We have also hired two full-time researchers to help us achieve our research goals and drive innovation to improve patient outcomes. We are also in the process of engaging more undergraduate and postgraduate (Masters and PhD) engineering students and training surgeons with an interest in biomechanical research.”

MQ Health Translational Shoulder Program will have multiple chapters of research.

These will include arthroplasty design and accuracy of implantation, 3D computer modelling of abnormal and normal anatomy, advanced radiological imaging, advancement of shoulder simulation as well as developing novel molecular therapies for some shoulder conditions.

During the first year, researchers will complete 3D computer modelling studies of normal and pathological shoulders to better understand variations in capacular and humeral anatomy that can lead to different shoulder pathologies with a focus on improved implant design. They will also build the cadaveric simulator and start biomechanical testing using the custom-designed simulator to enhance and improve the process of implant design and long-term survivorship and functionality. The shoulder program will also explore the use of robotics and other advanced methods for improving the accuracy and reliability of joint replacement surgery – including the assessment of augmented reality platforms.

“The new laboratory and shoulder program are aligned with the MQ Health model of ‘heal, learn, discover’ and will see research translated into clinical practice, and allow the next generation of surgeons involved in innovation through basic sciences research,” said Dr Raniga. “With this grant we will be in position to develop a centre of excellence in shoulder research.”

Brenton Hamdorf, Director of Academic and Research Partnerships at MQ Health, said that the program was an "outstanding example of MQ Health’s core goals."

“It is through collaborations with exceptional companies like Mathys, in this instance, and with proactive clinicians like Dr Raniga that dramatic improvements in patient outcomes can be achieved,” he said.” Such progress is built on rigorous scientific and clinical evidence, strong partnerships and the commitment and focus of everyone involved. It is a very exciting opportunity and look forward to the continued growth and expansion of biomechanics at Macquarie University.”

Professor Patrick McNeil, Deputy Vice-Chancellor (Medicine and Health) said: “This initiative is a great example of the values of MQ Health in action – ambition, innovation, and engagement – where partnering with industry and with other Faculties increases the power of the research we do.”
Complex ventral hernia repair remains a significant challenge with high morbidity and recurrence. Recent studies have shown significant benefits are achievable with preoperative Botulinum Toxin A (BTA) for paralysis to the abdominal wall muscles. BTA acts by causing flaccid paralysis in treated muscles, facilitating closure without disrupting the integrity of the abdominal wall tissues.

Previously, the procedure administered BTA to all three abdominal wall muscle layers – the TA, the Internal Oblique (IO) and the External Oblique (EO) – to maximise the benefits of paralysis. However, with the TA known to play an integral role in truncal stability, its paralysis can result in unwanted physiological changes, including back pain.

The newly published research – a collaboration between Macquarie University Hospital, Macquarie Medical Imaging, the University of Notre Dame and the Hernia Institute of Australia – looks at sparing the TA to retain it as an important stabiliser.

“This study is the first to report on selective administration of pre-operative BTA to internal and external oblique muscles only, thus sparing transversus abdominis from paralysis,” explained Associate Professor Nabeel Ibrahim, who operates at Macquarie University Hospital and specialises in the repair of large ventral hernias and was part of the surgical team who established the use of BTA in treating complex hernia cases.

“We undertook a prospective observational study of 46 patients who underwent either selective two-layer (IO and EO only) or standard three-layer (TA, IO and EO) abdominal wall muscle BTA injection prior to elective laparoscopic ventral hernia repair.

“Results show the same outcomes in both groups. Fascial closure was achieved in all cases, with no post-operative hernia recurrence to date. This means that patients undergoing this procedure should experience better outcomes with regard to core abdominal strength.”


The fine art of BTA in complex ventral hernia repair

Associate Professor Nabeel Ibrahim.
‘Rapid access’ model for new MQ Health breast health clinic

In April, the innovative Integrated Health Care Clinics extended their services with the new Breast Health Clinic. Located within Macquarie University Hospital, the Integrated Breast Health Clinic focuses on offering streamlined, expert service. The Clinic follows the triple assessment model that includes clinical assessment, radiology and biopsy. Patients start by seeing a breast physician who has specialist breast care expertise. If necessary, patients go directly to dedicated breast radiologists and pathologists at our allied diagnostic service providers. After any of these tests, patients return to see their physician to receive any preliminary results. If required, the physician can fast-track a referral to our breast surgeon.

Dr Karen Shaw, a breast surgeon who has been part of the team establishing the service, says that breast lumps are common and that the new MQ Health service makes it fast and easy to get assessed – either for a lump or for any breast condition someone might be concerned about.

“The MQ Health service is unique in that either GPs can refer their patients as part of their holistic treatment, or a patient can self-refer,” said Dr Shaw. “Our goal is to make access as fast and easy as possible and we communicate with a patient’s GP, regardless of how they come to see us.

“I’m passionate about delivering this service. I think that a multidisciplinary approach to breast care is the way of the future. It’s nice to be able to consolidate all relevant services at MQ Health and work as a team.

“The huge benefit for patients is that everything they need is in one setting. We can fast-track imaging and biopsies, so wait time is significantly reduced and patients don’t need to travel to multiple locations. They can, literally, walk to a different part of the Clinic or Hospital for the other services they need.

“And because all specialists are together in the same location, physicians, radiologists and surgeons all talk face-to-face to come up with the best approach for each patient.”

There are limited out-of-pocket expenses to access the clinic. A routine breast health assessment incurs a $220 fee of which $108.85 can be claimed back from Medicare. Furthermore, if a fast-track referral to a breast surgeon is required, the initial consultation with the surgeon does not attract an out-of-pocket fee.

Macquarie Medical Imaging (MMI) offers bulk-billing for ultrasounds. The fee for mammograms is $360.20, with a Medicare rebate of $260.20. The costs quoted in this article are current as of August 2019.

FOR MORE INFORMATION
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Integrated Breast Health Clinic
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2 Technology Place
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WEBSITE muh.org.au/breasthealth

GPs can refer patients, or patients can self-refer.
Why is lipoedema poorly diagnosed?

Lipoedema is often mistaken for lymphoedema or simply weight gain, but an accurate diagnosis could be life-changing for patients.

With the rising awareness of lymphoedema over the past few years, the similar but lesser known condition lipoedema is finally getting increased attention. However, it’s still being misdiagnosed by some GPs and health professionals, says Macquarie University Hospital surgeon Associate Professor Thomas Lam, a plastic and reconstructive surgeon who is also qualified as a general surgeon.

“Lipoedema is the sub-cutaneous build up of fat and is a genetic condition, unlike lymphoedema, which is a disorder of the lymphatic system that can occur after surgery,” explained Associate Professor Lam, who is part of the Advanced Lymphoedema Assessment Clinic at MQ Health ALERT Program.

“Lipoedema is distinct in that it is almost always bilateral and hereditary. If a patient presents with both legs swollen in a way that is disproportionate to the rest of the body, and other women in the family have the same body shape, then GPs and other health professionals need to strongly consider a diagnosis of lipoedema rather than lymphoedema.”

Julie Moran finally got diagnosed at 49 with lipoedema. As a teenager and young adult, despite running and dieting regularly, she continued to gain weight until in her 40s, after giving up, she weighed close to 300 kilograms. She also bruised easily and felt increasingly uncomfortable – and was never properly diagnosed. Instead, she was bruised easily and felt increasingly uncomfortable – and was never properly diagnosed. Instead, she was frequently told she was ‘fat’ and was constantly referred to dietitians.

All women in Julie’s family – her mum, her sister and now her niece – have the same body shape and no success with losing weight.

At 44, Julie had bariatric surgery and lost 150 kilograms. Then, at 49, a friend recommended she visit Dr Helen Mackie at ALERT, who diagnosed Julie with stage 4 lipoedema and referred her to Associate Professor Lam for surgery. Associate Professor Lam first performed three surgeries to remove about 46 kilograms of loose skin. He then performed medical liposuction to her legs to remove the optimal amount of fat cells – about 11 kilograms – to reduce the likelihood of the condition returning. Following this, Julie wore a compression garment standard after liposuction for both lymphoedema and lipoedema.

“After even the first surgery, I immediately looked and felt so much better, and so much lighter,” said Julie. “And it just got better and better with each additional surgery until now I weigh 115 kilograms and my skin is smoother and tighter. I can do activities like bike riding that I haven’t been able to do since being a teenager, and the abuse and mistreatment in public has also declined.”

“Getting the right diagnosis and treatment has done amazing things for our family in terms of knowing what we have – that it’s a genetic condition and that we can receive effective treatment for it. Dr Mackie and her team helped us so much. After going undiagnosed myself for 36 years, I would like to be involved in and see more education around lipoedema to prevent other women going uneducated and undiagnosed, and being blamed, which potentially causes the condition to worsen, affecting their lives both physically and psychologically.”

For more information on ALERT:
mqhealth.org.au/hospital-clinics/lymphoedema-clinic

About ALERT

The Australian Lymphoedema Education, Research and Training (ALERT) is the national leader in lymphoedema diagnosis and treatment, and training for health professionals. Dr Helen Mackie was instrumental in bringing liposuction for lymphoedema to Australia and the team has special expertise in treating breast cancer surgery patients who develop lymphoedema. The team also diagnoses and treats lipoedema patients.

For more on ALERT:
mqhealth.org.au/hospital-clinics/lymphoedema-clinic

Signs of Lipoedema

There are key differences between lipoedema and lymphoedema. Lipoedema patients, like lymphoedema patients, present with swollen legs and/ or arms.

However, lipoedema patients also have:

- Bilateral presentation (both legs and/or both arms, but not the feet or hands)
- Non-pitting fatty swelling
- Legs that are disproportionately large in relation to the waist.
- Family history of the condition (in about 50 per cent of cases).
BREAST HEALTH CLINIC
Macquarie University Hospital has partnered with Integrated Healthcare to open clinics for breast health. In addition to one in Sutherland Shire, Integrated Healthcare recently opened a Breast Health Clinic at Macquarie University Clinic. Women and men with any breast condition can get checked. Women with breast implants are encouraged to get routine annual checks.

The goal of the clinics is to offer fast access to breast physician and assessment.
Women can self-refer or be referred by their GP. We feature an article on the Breast Health Clinic on page 15.

Breast implant associated anaplastic large cell lymphoma (BIA-ALCL) is a unique subtype of ALCL and directly associated with textured breast implants. Earlier this year, MQ Health researchers published an article providing a comprehensive and current global review of the available epidemiological data and literature relating to the incidence, risk and prevalence of BIA-ALCL.

In collaboration with international colleagues, MQ Health researchers have published the largest epidemiological study to date on the link between textured breast implants and cancer.

The paper – published in the Plastics and Reconstructive Journal – is the first to pool global numbers and analyse the risks of developing cancer in relation to textured breast implants.

Several countries such as Canada, France and the Netherlands have now placed a ban on the current use of textured implants, with the FDA and TGA looking very closely at the current literature and risks.
MQ Health Physiotherapy runs two such programs with the aim to make access fast and easy for patients with a range of lung and heart conditions. In line with best practice and overwhelming research, MQ Health Physiotherapy offers a suite of exercise and education programs designed to improve health and function for patients with pulmonary and cardiac conditions.

“Cardiac and pulmonary rehabilitation programs are proven to improve functional exercise capacity, quality of life and reduce hospital admissions,” said Hannah Rutherford, the physiotherapist who has set up the program.

“Yet statistics show that few people who would benefit from such programs actually attend one. Reasons include waitlists in the public system being long, patients not being adequately assessed and referred, or people simply finding it all too hard.”

In consultation with Dr Marita Dale, Hannah has set up two programs at MQ Health: a pulmonary rehabilitation program and a cardiac rehabilitation program.

The former aims to help patients with chronic lung conditions, such as COPD or interstitial lung disease.

“The pulmonary rehabilitation program is for anyone who finds their day-to-day activities becoming harder, or is becoming short of breath.” explained Hannah. “The goal is to improve strength and fitness, quality of life, confidence and ability to cope – and to keep people out of hospital.”

The cardiac rehabilitation program is for anyone with a cardiac condition or who might be at risk of developing one. The eight-week program uses both exercise and education to support people in making healthy lifestyle choices.

“Both programs offer access to education from a range of professionals and allied health colleagues including an exercise physiologist, clinical nurse consultant, dietitian and pharmacist – so patients receive advice across all areas of their health,” said Hannah.

“Both programs focus on exercise and education. We take small groups only with a maximum of five patients in each session, so it’s possible to give individualised attention. Each participant receives personalised outcome measurement and a report at the end of the program.”

Dr Andrew Hirschhorn, Director of Allied Health, said that the MQ Health environment gives the program its unique approach.

“As part of an academic health sciences centre, we’ve been able to design programs that focus on collaboration across disciplines, enable our staff to work with small groups for individualised attention, give us flexibility to scale up as demand increases, and are underpinned by robust academic thinking” he said.

“Because we are co-located with Macquarie University Hospital, we can see acute patients – as well as outpatients. We also provide continuity of care, with cardiologists, cardiothoracic surgeons and respiratory specialists from the Hospital referring patients into the program.”

MQ Health Physiotherapy runs two pulmonary rehabilitation programs run by qualified health professionals can keep at-risk patients out of hospital and improve quality of life.

**PULMONARY REHABILITATION PROGRAM: ELIGIBLE PATIENTS**

- COPD or other chronic lung disease – bronchiectasis, ILD, asthma, pulmonary hypertension
- Endobronchial valve insertion – pre and post-procedure
- Lung cancer – pre and post-surgery and during treatment
- Patients on long term oxygen
- Patients recovering from an acute respiratory exacerbation

**CARDIAC REHABILITATION PROGRAM: ELIGIBLE PATIENTS**

- High risk of developing coronary heart disease
- Atrial fibrillation
- Other vascular or heart diseases
- Medically managed coronary artery disease
- Controlled heart failure and cardiomyopathy
- Myocardial infarction (STEMI and N-STEMI patients)
- Post PCI
- Post-operative open or minimally invasive cardiac surgeries
- PPM and implantable defibrillator insertions

**REFERRAL AND OTHER PATIENT INFORMATION**

We encourage GPs or other health professionals to refer patients to the service. Patients can self-refer but are required to see their GP prior to attending.

Medicare rebates and private health provider rebates may be available.

**SERVICE LOCATION**

MQ Health Physiotherapy
Suite 307, Level 3
2 Technology Place
Macquarie University

**CALL** (02) 9812 3850

Co-ordinator: Hannah Rutherford

**EMAIL** physiotherapy@mqhealth.org.au
MQ Health specialist and surgeons played a prominent role at the world’s leading international sexual medicine conference hosted by Australia this year. Their expertise is evidence of MQ Health’s significant investment in urology and sexual health.

MQ Health’s Associate Professor Eric Chung was the Convenor and Scientific Chair of the 2019 Asia Pacific Society of Sexual Medicine (APSSM) biennial meeting held in Brisbane prior to the national meeting of the Urological Society of Australia and New Zealand (USANZ).

Internationally recognised in the field of male sexual health, Associate Professor Chung was able to secure many well-known world leaders in the field of sexual medicine as keynote speakers and as part of a strategy to enhance the collegiality, partnership and exchange of scientific ideas among all relevant key stakeholders in the field of sexual medicine.

“Current trends in sexual health medicine have taken a holistic approach based on multidisciplinary teamwork,” said Associate Professor Chung, a specialist in male sexual health and the first urologist in Australia to complete an Andrology fellowship that is accredited by the Sexual Medicine Society of North America (SMSNA).

Associate Professor Chung is also the current leader of the Andrology section for USANZ and has been appointed as the Chair of the scientific committee for the International Society of Sexual Medicine (ISSM).

“We are also seeing the introduction of various regenerative technologies – such as stem cell, growth factors or hormonal treatments – for erectile dysfunction that are emerging from the current climate of smarter device technology and state-of-the-art regenerative medicine.”

In line with APSSM 2019’s theme “Promoting science, technology and clinical expertise: Advancing sexual medicine and health,” the scientific meeting facilitated several forums in APSSM such as an international penile prostheses implant forum, an erectile restoration cadaveric workshop, the micro-energy low intensity extracorporeal shock wave therapy (LESWT) consensus, transgender sexual health, female sexual health and medicine-dedicated sessions – to name a few.

Other topics included: a reinforcement of current standard therapy with the need for a centralised high-volume penile prosthesis implant surgery to achieve excellent outcome; the critical evaluation on the scientific evidence for regenerative technology such as stem cell injections and shock wave therapy; the synergistic role of reproductive medicine and functional urology within the context of sexual medicine health; and the establishment of new standardised and evidence-based clinical guidelines that are individualised and fulfill various regional needs.

“APSSM 2019 dedicated a whole day session to female sexual dysfunction, which was very well received given increasing interest in this field especially in the current climate of the me sigma, and we had an excellent session on cancer survivorship beyond cancer outcomes, with an emphasis on sexuality, sexual health, reproduction and various psychosexual issues,” said Associate Professor Chung, who has been appointed the Chair of the Prostate Cancer Survivorship committee on the International Consultation of Sexual Medicine.

At the APSSM executive meeting, Associate Professor Chung was unanimously appointed the next Secretary General elect for the Society. APSSM is the largest regional affiliate sexual medicine society of the ISSM. APSSM 2019 was attended by more than 300 delegates from more than 20 countries with participation from expert leaders in the field of urology, sexual medicine, endocrinology, andrology, sexology, psychology, and nurses. Participants included post-doctoral fellows, junior medical doctors, media, and pharmaceutical companies.

MQ HEALTH BUILDERS EXPERTISE IN ANDROLOGY

Men’s sexual and reproductive health is a growing part of MQ Health’s outstanding urology and prostate cancer service. While the program has one of the strongest prostate cancer care centres in New South Wales, MQ Health’s urology program also has sub-specialty expertise in other important areas of male sexual health.

“Sexual medicine is a complex and growing field with many stakeholders,” explained urologist and accredited andrologist Associate Professor Eric Chung, who is Chair of the Andrology section of the Urological Society of Australia and New Zealand (USANZ) and Secretary-General of the Asia Pacific Society of Sexual Medicine (APSSM).

“MQ Health already has several leading experts in uro-oncology and female sexual dysfunction, so the addition of andrology services will complement and enhance MQ Health. I look forward to working with colleagues and GPs at MQ Health, Macquarie University Hospital and across Australia and the Asia-Pacific regions to promote and enhance the andrological services.

“It’s important for GPs and patients to know that there are many effective solutions that can restore the quality of life for men who suffer from various male sexual dysfunction conditions. There have been significant advances made in the field of sexual medicine. The psychological and quality of life impacts of sexual dysfunction are real and can have a profound negative impact not only on a man, but on his partner, family and society at large.”

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Patients with spinal disease or injury often require large doses of painkillers in the months leading up to surgery. These are usually opioid-based, typically morphine or endone. Unfortunately, patients’ response to these drugs reduces over time as tolerance builds up. This means that the drugs used to control pain after surgery are less effective and pain after an operation can be very hard to control.

“Patients have often been suffering from pain for many years before finally coming in to have spinal surgery,” explained Dr Matthew Tait, neurosurgeon at Macquarie Neurosurgery with an interest in improving post-surgical pain management for patients.

“The lead-up to and the decision to have spinal surgery takes time, and during this period, opioid use can increase and lead to tolerance. As a result, these patients experience difficulties with pain management after surgery. Over my career, I have seen too many patients who have had to endure excessive pain after surgery simply because the drugs we use are less effective than they should be.”

Dr Tait is part of a multidisciplinary team – including pain specialists Dr Sushama Deshpande and Associate Professor Tillman Boesel, and anaesthetist Dr Thanan Elalingam – looking at ways to enhance recovery.

“Patient populations with complex pain issues who are on opioid medication and polypharmacy are at increased risk of poor pain control after surgery,” said Dr Sushama Deshpande, interventional pain specialist at MQ Health.

“High opioid tolerance renders the usual mechanisms to control pain less effective, so these patients struggle with pain management, but they also are at risk of other complications, including immunosuppression, which can lead to poor wound healing and other complications in the post-operative period.”

The team is conducting a study into tackling the problem pre-operatively rather than the currently used post-operative approach. The team’s hypothesis is that stopping opioid use for three days prior to surgery and controlling pain using an opioid-substitute (in this case ketamine) helps to reduce the opioid tolerance. Patients are brought in to hospital three days before their operation to have this done in a closely monitored environment. The aim is to make patients easier to anaesthetise and more responsive to opioid pain medication after surgery.

“This is a very specific process in collaboration with neurosurgeons and Macquarie University Hospital,” said Associate Professor Boesel.

“Rapid opioid weaning prior to surgery, with access to early hospital admission, is what makes this service possible.”

“Ketamine is an established co-analgesic and has long been used for patients with intractable pain. Our approach, using this pre-emptively in combination with opioid reduction for neurosurgery patients, is ground-breaking in Australia.”

The study is a retrospective audit of data on pain scores pre- and post-operatively comparing those who received pre-operative modification of opioid doses with those who did not. The data clearly show a positive effect for those receiving pre-operative pain management.

“The model is robust,” said Dr Deshpande. “We are finding that if patients are well-managed early on, they get better results, which includes early discharge, earlier return to normal activities with the achievement of functional goals and lower incidence of developing consistent pain.”
Associate Professor Tillman Boesel, Jenta Buie. Dr Thananchaya Elalingam, Dr Sushama Deshpande, generally concerned with the amelioration of “While we are addressing a specific context of in certain regions. Professor Boesel. “We are aware that in Australia per day is highly problematic,” explained Associate beyond 100 mg of oral morphine equivalent dose allows pain experts to develop a long-term plan these patients are managed jointly by surgeons and before, during and after admission. Specialties prior to admission, during their hospital stay and after discharge,” he said. “This allows pain experts to develop a long-term plan and to coordinate all pain care, which starts prior to surgery and continues afterwards as drugs are weaned.”

The study is part of MQ Health Pain Service’s larger general interest in opioid reduction, addressing it in patient care, but also raising awareness in the general public. “Beyond 100 mg of oral morphine equivalent dose per day is highly problematic,” explained Associate Professor Boesel. “We are concerned that in Australia this can be a major public health issue, particularly in certain regions. While we are addressing a specific context of neurosurgical patient care, our work is also more generally concerned with the amelioration of medical opioid dependence and its consequences.”

TRIALLING CERVICAL PLEXUS NERVE BLOCK IN NECK SURGERY PATIENTS WITH LONG-TERM PAIN
Dr Tait and Dr Elalingam are also leading a large multi-centre randomised placebo-controlled trial testing the efficacy of bilateral cervical plexus block in improving the quality of recovery after anterior cervical neck surgery. The study is comparing the quality of recovery – including pain, physical comfort, physical independence, psychological support and emotional state – experienced by patients who have received the block with those who have not. The block numbs the nerves at the front of the neck and is placed after a patient is anaesthetised but prior to surgery. It acts to slow pain transmission prior to administering the surgical stimulus and leads to the need for less opioid medication and less pain post-surgically. Early discharge and return to normal daily duties are amongst the advantages.

“The cervical plexus block has been used for years in other forms of surgery – including carotid surgery and thyroid surgery,” said Dr Elalingam, anaesthetist on both studies who trained in Neuroanaesthesia at the National Hospital of Neurology and Neurosurgery, London and is founder and medical director of the One Brain Neuroanaesthesia course.

“Dr Tait and I extrapolated from this that we could use the cervical plexus block in other surgical procedures, so at MQ Health, we are now trialling its use for the first time in Australia in neck surgery patients. MQ Health’s strong multidisciplinary approach has enabled us to apply this novel approach.”

THE CHRONIC PAIN SERVICE AT MQ HEALTH
The Chronic Pain Service at MQ Health is a comprehensive and multidisciplinary pain management service that involves early pre-operative involvement in pain management, as well as post-operative support. The service involves highly trained academic and clinical pain specialists, psychologists, physiotherapists and occupational therapists who support patients not only medically but with the emotional and social impacts of severe and protracted pain. The clinical model have been made possible by the close teamwork between specialties and a completely integrated approach to patient care before, during and after admission. “The multidisciplinary team approach means that these patients are managed jointly by surgeons and pain specialists prior to admission, during their hospital stay and after discharge,” he said. “This allows pain experts to develop a long-term plan and to coordinate all pain care, which starts prior to surgery and continues afterwards as drugs are weaned.”

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More accurately defining dysphagia

Studies show that the enhanced use of high-resolution manometry with provocative physiological testing can better delineate dysmotility in patients with swallowing disorders.

| Dr Santosh Sanagapalli |

More accurately defining dysphagia

The introduction of oesophageal high-resolution manometry (HRM) has been a major advance in the assessment of oesophageal motility disorders, by measuring intraluminal pressures within the oesophagus in a more detailed, reproducible and reliable fashion. Yet despite these advances, the test is not perfect and a substantial number of patients with oesophageal symptoms can be left undiagnosed.

Dr Santosh Sanagapalli, gastroenterologist at Macquarie University Hospital, completed several studies that examine the utility of additional provocative testing during HRM, and has demonstrated that they provide more clinically relevant diagnoses, addressing some of the limitations of routine oesophageal HRM.

Routine HRM (the gold standard) sees oesophageal motility measured while patients are given 2 L of water in a supine position. In so far as this is not reflective of the way we eat and drink throughout the day, Dr Sanagapalli has developed an extended HRM protocol using additional provocative testing, whereby oesophageal motility is assessed while patients consume food and larger amounts of water.

For example, studies have proposed that “challenging” the oesophagus in such a fashion by assessing motility while eating solids and drinking larger volumes of water, can improve the sensitivity and specificity of achalasia diagnosis.

“Achalasia is the most well-defined and important motility disorder to diagnose, as it has the widest variety of effective therapeutic options,” explained Dr Sanagapalli. “Yet there remains a substantial number of patients with suspicion of achalasia based on clinical and radiographic evidence, where standard HRM is non-diagnostic.

“We hypothesised that the use of provocative testing during HRM would improve the diagnosis of achalasia in such equivocal cases. Not only did it do so, but we went on to demonstrate that patients diagnosed in this way exhibited an excellent response to subsequent therapy.”

In other studies using provocative testing in HRM, Dr Sanagapalli and his co-authors have demonstrated its value in discriminating between gastro-oesophageal reflux disease phenotypes. While provocative testing during HRM is being increasingly performed at leading GI Motility units internationally, Dr Sanagapalli is pioneering this technique in Australia. Dr Sanagapalli has presented his findings at international conferences.

READ THE PUBLISHED STUDIES HERE:
- Achalasia diagnosed despite normal integrated relaxation pressure responds favorably to therapy. doi/abs/10.1111/nmo.13330
- Impaired motility in Barrett’s oesophagus: A study using high resolution manometry with physiologic challenge. doi/abs/10.1111/nmo.13586

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A way to say ‘thanks’

MQ Health has launched its Grateful Patient Program – a personal and flexible initiative that provides an easy way for patients, families or friends of those in care to say thank-you to the staff, doctors or nurses for the care and support they have received.

Patients can make a small cash contribution or a more formal charitable arrangement – such as endowment funds, one-off or pledged gifts or bequests and can designate their gift for an area of their choice. This could include scholarships, research, facilities or a specific clinical area.

Patients can also acknowledge a particular caregiver at MQ Health – whether it’s a doctor, nurse, therapist or anyone else who made a real impression on them. In this case, the contribution would go to the area in which the caregiver works.

“As a comprehensive academic health precinct, MQ Health recognises that patients will have had diverse experiences with a range of staff and specialist areas,” explained Hedda Paisley, Director Campaign and Principal Gifts with the Advancement Office at Macquarie University, the area managing the Grateful Patient Program.

“This program allows for patients to acknowledge any of these touchpoints with a gift of any size. From a simple cash donation to a more ‘transformational’ gift, patients can opt for what best expresses their gratitude and personal wishes. They can also know that this generous and thoughtful support, no matter how small, will have a direct and significant impact.”

MQ Health’s Grateful Patient Program is one of several engagement experiences that the community can have with the Hospital, Clinic and Faculty of Medicine and Health Sciences. Last year, the Hospital set up its Volunteer Program to establish a range of dynamic volunteer roles that support MQ Health’s mission and values and its core mandate to ‘heal, learn and discover’.

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How to respond to vision problems resulting from facial fillers

Blindness from facial cosmetic fillers – a rare but serious complication – needs to be managed as a medical emergency, with the patient triaged immediately by an Emergency Department to the ophthalmology team.

The increased uptake of cosmetic fillers has seen rising numbers and a broad range of health professionals administering injectables. Not only are cosmetic physicians, surgeons and dermatologists administering these procedures, but so too are allied health professionals, nurses and GPs increasingly focusing their practice on medical aesthetics.

“We have seen a tenfold increase in non-invasive cosmetic facial fillers over the past 10 years in Australia,” explained Dr Angelo Tsirbas, aesthetic oculoplastic surgeon at Macquarie University Hospital and a lecturer in the Faculty of Medicine and Health Sciences.

“In Sydney, in particular, receptiveness to facial fillers has been stronger than in other parts of the country. With the rise in numbers, an increase in complications is inevitable.”

Recent media coverage has brought to light the rare complication of vision loss resulting from facial fillers. Yet, given the rapid and diffuse growth of the industry, there remains a lack of awareness amongst providers about how to respond to loss of vision and there are not yet standardised guidelines.

“Awareness around how to treat vision problems caused by dermal fillers, and if and when they occur, is essential,” said Dr Tsirbas, who is a thought leader on the management of filler-induced complications and vision loss and is working with colleagues in the Australian Society of Cosmetic Dermatologists and Australian Society of Aesthetic Plastic Surgeons to develop the guidelines for emergency treatment when vision loss occurs.

“It’s very rare, for vision loss to occur, but if it does, it happens instantly and time is of the essence. Much like a stroke, there is a window of opportunity to treat a patient before permanent blindness sets in.”

The team administering the facial filler procedure must act quickly and get the patient to an Emergency Department where they should be triaged to the ophthalmology team immediately.

“This means it’s also important for Emergency Departments to understand that if a patient presents with vision loss from a facial filler procedure, medical staff must act immediately and put the patient into the hands of an ophthalmology team.”

Hyaluronic Acid (HA) gel is the most common filler material used in these procedures with blindness occurring when the needle inadvertently pierces the arterial circulation and causes an embolus to the eye. Treatment is complex and targeted towards resolving the blockage.

Dr Tsirbas is developing a registry of vision loss complications so that more accurate data is available. He will speak on vision loss and filler complications at the 2019 Australian Society of Cosmetic Dermatologists in Sydney later this year, as well as at the Global Aesthetic meeting in Miami in October.
New MQ Health Clinics

MQ Health Paediatric Physiotherapy
The MQ Health Paediatric Physiotherapy Clinic provides a patient and family-centred approach to the management of developmental, musculoskeletal, and neurological conditions that can affect babies, children and adolescents. We work with patients and their families, in collaboration with other members of the healthcare team as appropriate, to optimise the child’s movement, function and quality of life.

CALL (02) 9812 3850
EMAIL physiotherapy@mqhealth.org.au

The MQ Health Shoulder and Elbow Clinic
The MQ Health Shoulder and Elbow Clinic offers both non-surgical and surgical treatment options for all shoulder and elbow conditions and injuries, and post-surgical problems. Our team of specialist orthopaedic surgeons are renowned in Australia and internationally for their extensive experience in common and complex shoulder and elbow concerns.

CALL (02) 9812 3583
EMAIL orthopaedics@mqhealth.org.au

MQ Health Integrated Breast Health Clinic
General Practitioners can refer their patients or patients can self-refer to the clinic to see a trained breast health physician—a one on one service for anyone with a breast abnormality. Patients can access the full range of breast cancer diagnosis and treatment facilities at the Hospital.

CALL (02) 9812 3766
EMAIL integrated.clinics@muh.org.au

MQ Health Neurology
Macquarie Neurology was established nine years ago when the Hospital opened. The team, headed by Professor Dominic Rowe, runs an adult neurology practice and conducts research at the clinic. Professor Rowe also teaches at the University. The Motor Neurone Disease Service manages the integrated care of approximately 15% of the MND patients in Australia and provides expert diagnosis and management of all stages of MND. The Parkinson’s Disease and Movement Disorder Service manages the care of more than 400 patients with Parkinson’s Disease and other movement disorders such as Huntington’s Disease, Lewy Body Disease and Progressive Supranuclear Palsy. We are delighted that Macquarie Neurology will now be part of MQ Health. The clinic incorporates our purpose—To heal, learn and discover.

CALL (02) 9812 3720
EMAIL neurology@mqhealth.org.au

INTERNATIONAL NURSES DAY
Macquarie University Hospital celebrated International Nurses Day on May 10. There was a range of fun activities including a guessing competition and crossword, bingo sessions, nursing forum presentation, bed making competition and lolly guessing competition. Nurses and staff enjoyed a delicious BBQ breakfast and lunch. Congratulations to the winners of our Nursing Awards 2019. Tam Swifte, Stacey Begg, Marisa De Souza, Matthew Holobrodskyj and Sonia Rogayan.

MUH CELEBRATES OUR 9TH ANNIVERSARY
Macquarie University Hospital celebrated its ninth anniversary on Friday 28 June. What a journey—we have admitted over 50,000 patients since we opened and as well as having a number of Australian firsts including being the first digital private hospital, having the first CT theatre and owning the first Gamma Knife and Cyclotron, we have the most comprehensive robotic surgery program in the country. We have also seen some amazing world first surgeries performed at MUH. We would like to thank our patients, doctors, nurses and staff. We would especially like to thank our GP community for all their support.

FOR ROBOTIC UROLOGY
3000 AND COUNTING FOR ROBOTIC UROLOGY
Earlier this year, MQ Health completed its 3000th robotic urology case—the largest number in New South Wales. It is also the busiest centre for robotic prostate cancer surgery in the State.

Macquarie University Hospital acquired its first da Vinci SI Surgical System soon after it opened its doors in 2010, with urology the first clinical discipline to take up the technology. The Hospital is widely considered a national centre of excellence in robotic-assisted prostate cancer treatment. The team has an exceptional record of advanced training and innovation and performs novel and challenging urological procedures robotically. Amongst others, these have included fashioning a new neo-bladder, performing complex kidney surgery and repairing a ureteral stricture caused by previous surgeries that other surgeons were reluctant to do robotically.

Besides having world-class surgical expertise, the team also has highly skilled nursing staff in theatres 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.

Macquarie University Hospital has purchased a second da Vinci Surgical System—a move that has seen the facility rapidly expand its robotic surgery program across a number of specialties. The new robotic is the latest model available.

Congratulations to the team for their success.