

MONTERRAT DAY HOSPITALS VISITING SPECIALIST LIST

EFFECTIVE JUNE 2018



www.montserrat.com.au

NORTH LAKES

7 Endeavour Blvd, North Lakes, 4509

GP hotline: 07 3833 6755
General Fax: 07 3491 3614
Consulting Suites Ph: 07 3833 6765
Consulting Suites Fax: 07 3491 6803

Bodyworks Physiotherapy

General hotline: 07 3204 6388

Brisbane Haemorrhoid Clinic

General bookings: 07 3833 6707

Brisbane Hernia Clinic

General bookings: 07 3833 6786

Cardiology

Dr Roderick Chua 07 3861 5522

Dermatology

Dr Ben Carew 07 3856 5007

ENT Surgery

Dr David McIntosh 07 5451 0333

Fertility Treatment

General bookings: 1800 4 MY IVF

Gastroenterology

Dr Agus Brotodihardjo 1300 513 255
Dr Hadi Moattar 07 3833 6701
Dr Rajeer Palar Sinniah 1300 733 801
Dr Mahesh Jayanna 1300 733 801
Dr Tom Zhou 07 3861 4866

General Surgery

Dr Naeem Khan 07 3833 6765
Dr Hugh McGregor 07 3283 4200
Dr Daniel Mehanna 07 3833 6765
Dr Roderick Borrowdale 07 3283 4200

Gynaecology

Dr Archana Saraswat 1300 780 138
Dr Lata Sharma 07 3833 6765

Hand Surgery

Dr Cameron Mackay 07 3834 7011

Moreton Bay Breast and Thyroid Clinic

Consulting Suites Ph: 07 3910 5150
Consulting Suites Fax: 07 3910 5160

North Brisbane Sleep and Thoracic

General hotline: 1300 391 820

Occupational Medicine

Dr Robert McCartney
drrrob@omcd.com.au

Oncology & Haematology Clinic

General hotline: 07 3859 0690
Dr Raluca Fleser 07 3353 9026
Dr Darshit Thaker 07 3859 0690
Dr Peter Davidson 07 3121 4605
Dr Kieron Bigby 07 3859 0690
Dr Geoffrey Hawson 07 3859 0690

Open Access Endoscopy

Dr Hadi Moattar 07 3833 6701

Ophthalmology

Dr Andrew Smith 07 3385 0900
Dr Stuart Reader 07 3385 0900
Dr Kate Slaughter 07 3385 0900

Oral & Maxillofacial

Dr Mohammed Mansour 07 3832 3232
Dr Terrence Alexander 07 3832 3232

Orthopaedics

Dr David Shooter 07 3339 1514
(Hand & Orthopaedic Clinic)

Plastic & Reconstructive Surgery

Dr Phil Richardson 1300 789 240
Dr Matthew Peters 07 3488 8118

Pain Management

Dr Matthew Keys 07 3391 7111

Queensland Vasectomy Clinic

General hotline: 07 3833 6766

Respiratory & Sleep

Dr Andreas Fiene 1300 391 820
Dr James Douglas 1300 391 820

Urology

Dr Jon Paul Meyer 07 3883 4431
..... 0488 378 016

Vascular Surgery

Dr Simon Quinn 07 3188 7521

IPSWICH

Ipswich Boulevard Specialist Suites
Suite 4/17 Limestone Street Ipswich, 4305

General bookings: 07 3812 5166

General Fax: 07 3812 5188

Gastroenterology

Dr Terrance Tan

INDOOROOPILLY

12 Riverview Tce, Indooroopilly, 4068

GP hotline: 07 3833 6788
General bookings: 07 3833 6701
General Fax: 07 3833 6740

Gastroenterology

Dr Rebecca Ryan Dr Terrance Tan
Dr Cliona Maguire Dr Sam Islam
Dr Mark Norrie Dr Ammar Kheir

Hepatology

Dr Rebecca Ryan

Vasectomy

General bookings 07 3833 6766

SAMFORD ROAD DAY HOSPITAL

383-391 Samford Rd, Gaythorne, 4501

General hotline: 07 3833 6794
General Fax: 07 3354 3296

Dermatology

Dr Jason Wu 07 3871 2000
Dr Greg Butler 07 3871 2000
Dr Karl Rodins 07 3550 3082
Dr Ben Carew 07 3856 5007

Gastroenterology/ Iron Infusions

Dr Cliona Maguire 07 3833 6701
Dr Rebecca Ryan 07 3833 6701

General Surgeon

Dr Hugh McGregor 07 3283 4200

Oral & Maxillofacial

Dr Mohammed Mansour 07 3832 3232
Dr Terrence Alexander 07 3832 3232

Plastic/Cosmetic

Dr Phillip Richardson 1300 789 240
Dr Andrew Broadhurst 07 3252 8884
Dr Theo Birch 07 3831 1500
Dr Rebecca Won 07 3839 9791
Dr Brendan Louie 07 3488 8118

Vasectomy

General bookings 07 3833 6766

HAEMATOLOGY & ONCOLOGY CLINICS



SUNSHINE COAST HAEMATOLOGY & ONCOLOGY

10 King Street, Buderim QLD 455

General bookings: 07 5479 0000
General Fax: 07 5479 5050

Dr John Reardon	Haematology/Oncology
Dr Hong Shue	Medical Oncology
Dr Sorab Snavaskha	Haematology
Dr Lydia Pitcher	Haematology
Dr Joshua Richmond	Haematology

NORTH LAKES HAEMATOLOGY & ONCOLOGY

7 Endeavour Blvd, North Lakes, 4509

General bookings 07 3833 6755
General Fax: 07 3491 3614

Dr Darshit Thaker	Medical Oncologist
Dr Keiron Bigby	Medical Oncologist
Dr Raluca Fleser	Haematology
Dr Peter Davidson	Haematology
Dr Geoffrey Hawson	Haematology/Oncology

Business Development Manager:

Ken Hilliard 0438 609 033

Be Our Guest



WELCOME TO THE
MONTERRAT NEWSLETTER JUN
2018

Dupuytren's Disease



There are very few surgical conditions mired in as much history and controversy as Dupuytren's disease.

Since time of the first auditorial dissection of the disease by the aristocratic French Baron, much has been written about this mysterious hand problem. Despite the plethora of information, a depth of understanding has provided us little in terms of a tangible cure. All current treatments target symptom control and restoration of function.

It is fairly well established that the disease occurs in the form of abnormal scar tissue within the normal fascia and fascial planes of the palm and digits. We know that the cause is predominantly hereditary with a reasonable estimate being that 80% of the causation is hereditary. And we know that these hereditary factors are located within the genome of those with Anglo Saxon descent.

The precise biochemical and signalling disruption which causes the disease is poorly understood, as is the nature of genomic penetrance and expression. Individual and inter-individual variation of disease is so vast that our only reliable predictive modality is observation.

The result of all of this is that we have a disease, which is common but incurable and benign, yet may have significant impact on hand function. Presentation can vary from the presence of palmar nodular disease to full-blown contracture and digital deformity. The limitation on hand function can be significant and disabling.

In the presence of a common, potentially disabling, yet poorly understood problem, there is extremely fertile soil for proliferation of information (be it factual or fictitious). Patients who are inclined to "research" Dupuytren's disease with Dr Google can present with all manner of potential interventions and causative

theories. Indeed, self-directed research is an extremely confusing exercise for affected patients.

Although there is much mystery surrounding the disease and its treatment we are able to achieve good results more often than not if the disease is seen early enough.

WHEN TO REFER?

The classical descriptions regarding referral include parameters such as:

- MCP joint contracture greater than 30°
- Inability to place hand flat on a table (tabletop test)
- Any contracture of the PIP joint.

While these referral criteria are valid, patients can often have problems with more minor disease, particularly if they have large palmar nodules. As mentioned above, it is also very confusing for patients with Dupuytren's disease to make sense of the plethora of conflicting information available to them.

A patient may have significant palmar nodules, which are getting in the way of their function in power grip or they may simply have early stage disease and a background concern regarding the significance of the problem in future. A consultation in this situation can at least reassure the patient in the setting of very minor disease or potentially intervene if there is a problematic nodule. In many cases, initial referrals do not result in surgical intervention and merely consist of a discussion and provision of information.

CURRENT TREATMENT

In general terms international consensus is that conservative management should progress as long as possible. In an asymptomatic patient who is functioning normally the hand should be left alone and the disease process monitored over time. The importance of the hand and hand function dictates an imperative that no intervention should be initiated in the absence of symptoms. The principle of "first do no harm" applies.

Should the problem be symptomatic and limiting hand function, an indication for treatment may arise.

The following are a few of the more common and controversial interventions:

Steroid Injection

Although favoured for quite a period of time, an injection of steroid in and around the Dupuytren's cord has not been shown to provide significant long-term release. It may slow disease progression in some circumstances but any cord rupture is more likely due to percutaneous fasciotomy rather than chemical actions. No significant retraction or firebreak is achieved within the disease and recurrence is common and significant.

In favour however, steroid injection is cheap and non-invasive. It is still practiced in some circumstances for minor indications.

Percutaneous Needle Fasciotomy

A more widely studied minimally invasive technique is percutaneous needle fasciotomy (PNF). In the hands of an experienced surgeon PNF can be useful in rupturing significant tense cords causing MCP joint contracture. On the downside however, there is risk of tendon and neurovascular injury as the procedure is blind to these vital structures. It also does not create any significant firebreak and disease recurrence can be relatively rapid.

Minimal Access Fasciotomy/ Segment Fasciotomy

This procedure is one step up from the needle fasciotomy and is performed through a small incision over the cords. The clear advantage is the open technique allows for visualisation of important structures and the potential for segment fasciotomy places a large fire-break in the palm in an effort to prevent rapid recurrence. In general this provides a good balance between risk and reward in a patient not able or willing to undergo any more invasive operations.

Radiotherapy

In recent times there has been a corporate push to prove the validity of radiation in the treatment of benign disease. Research studies are being developed targeting asymptomatic Dupuytren's to prove that disease progression and recurrence has decreased at two years post irradiation.

The concerns regard more the secondary effects and long term risk of radiation in the hand, not least of which is loss of appendageal structures which will affect grip, and later endarteritis and the potential for malignancy. There is not sufficient comforting information that radiation for asymptomatic disease is worthwhile or safe in the long term. Safe modalities exist.

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THE MONTERRAT NEWSLETTER | 1

Clostridial Collagenase

The recent TGA approval of Clostridial Collagenase for treatment of Dupuytren's disease is a safer, non-invasive intervention. The Collagenase dissolves a section of the cord providing for a rupture and chemical firebreak. Current information from trials show recurrence rates equivalent to surgery. The main limitation of Collagenase at present is its price, as it is not listed on the PBS. Despite the cost, however patients undergoing cord rupture or nodule treatment with Collagenase express a great deal of satisfaction with their outcomes. The major benefit is the lack of wounds (in most cases) and the minimal downtime required for treatment and rehabilitation. In many cases, patients do not have any time off work.

Surgical Fasciectomy

Should all else fail, the historical mainstay of treatment is surgical fasciectomy. The extent

of the fasciectomy is dictated by the extent of the disease and can range from relatively routine, in the setting of isolated MCP contracture, up to extremely complicated, with profound contracture of multiple digits involving multiple joints. Severe contractures often warrant local flap closure and significant dermal involvement pushes the surgeon towards dermo-fasciectomy and grafting.

On the upside, surgical intervention can relieve and excise severe disease with restoration of joint range of motion and full clearance of pathology. Whilst surgery can relieve many of the worst contractures, it is a particularly aggressive undertaking and the subsequent rehabilitation can take several months. So the downside is the rehabilitation and extensive scarring within the digit.

With appropriate health insurance there is often no gap.

In most cases hand surgeons will only

proceed to surgical fasciectomy with a solid functional indication.

IN SUMMARY

Dupuytren's disease is a conundrum of epidemiology and prevention but has been extensively studied in terms of treatment over the years. While surgery is the mainstay of treatment, a number of non-surgical options exist and will likely be chosen in preference until surgery is absolutely indicated. A number of potential interventions are possible but patients can become significantly confused without appropriate guidance.

Whilst historical referral has been limited to the development of significant and problematic contracture, it may be worthwhile considering early referral to discuss the disease and its natural history. This will provide the patient with clear information in the muddy waters which are currently pervasive.

Mr Korst said doctors would have access to the latest advancements in technology and research through onsite clinical trials.

"This integrated approach is the gold standard in medical care where specialists and allied health services are aligned through education and multidisciplinary team meetings creating a personalised treatment for every patient, Mr Korst said.

The Hospital's comprehensive services available include specialists in plastic and reconstructive surgery, oncology, haematology, respiratory, ophthalmology, gastroenterology, ENT, dermatology, oral and maxillofacial, general surgery, urology and orthopedic.

These will be complemented by hospital services including a full suite of radiology services, pathology with onsite pathologist, clinical pharmacy services, radiation oncology and cancer center, as well as allied health services including dentist, pathology, radiology, psychologists, physiotherapists

and podiatrists.

The Essence Medi-Apartments and Suites will include 63 apartments including studio and studio accessible, studio deluxe, one and two-bedroom apartments and 1-bedroom suites. Essence CEO Peter Bates said the facilities included accessible suites and apartments and everything a patient and their family would need for a stay.

Westside Private is on path to open later in the year, approximately in the month of September/October 2018.



Cancer Awareness Month



Marto the morning host on local radio station Triple M and Montserrat Indooroopilly joined forces to bring awareness to Bowel Cancer in Men.

Marto visited Indooroopilly to have a colonoscopy together with 3 listeners who have a family history of Bowel cancer.

1 in 12 will develop bowel cancer that can be prevented by this simple procedure.

Great Job Marto and Indooroopilly staff for bringing awareness to a very important cause!



WESTSIDE PRIVATE UPDATE

Construction on Westside Private Hospital Moves to Next Stage After 'Topping Out'

Evans Long and Montserrat Hospital joint venture development Westside Private Hospital building at Taringa has reached the final stages of construction with the building 'topping out'.

The ten-storey building at 32 Morrow Street, Taringa, will be home to the new Westside Private Hospital, a short-stay overnight facility operated by Montserrat Hospitals.

The hospital surgical floor will house 4 theatres and 4 procedure and treatment rooms. Two floors will provide specialist with consulting medical suites and importantly, the facility will also provide Haematology and Oncology services in new Montserrat Cancer Care unit. The other floors of the building will include a child care center, and three floors to house the Essence Medi Apartments & Suites, For Health Funds experiencing escalating costs of private

health outlays, the medi-hotel will provide a very affordable hybrid patient care model and also allow patients and their loved ones to stay in comfort during their treatment.

Montserrat CEO Ben Korst said with over 20 years in the healthcare industry and nine facilities across Australia, Westside Private Hospital was Montserrat's most innovative yet.

"Westside Private is a completely integrated Hospital where specialists can see patients and their family in modern consulting suites, with direct access to comprehensive imaging services from Queensland X-ray and on-site QML Pathology Laboratory including onsite reporting Pathologist."



"World-class theatres will be supported by overnight beds at the hospital and 4-star accommodation suites operated by Essence," Mr Korst said.

Westside Private Hospital will also have the full range of cancer treatments and blood disorders at the Centre including chemotherapy and radiation oncology.

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Open Access Endoscopy Timetable JUNE 2018

SPECIALIST	MON	TUES	WED	THURS	FRI
Dr Cliona Maguire	GAY	GAY	GAY ^o	GAY	
Dr Ammar Keir					IND ^o
Dr Mark Norrie		IND		IND	IND ^o
Dr Sam Islam	IND		IND ^o		IND ^o
Dr Rebecca Ryan	IND	GAY ^o /IND ^o	IND	IND	IND ^o
Dr Hugh McGregor		NLDH ^o			GAY ^o
Dr Daniel Mehanna	NLDH				
Dr Terrance Tan		IPS ^o /IND			IPS ^o
Dr Hadi Moattar			NLDH ^o	NLDH ^o	

Saturday Service Rotates between Doctors at Indooroopilly
^o Unless in Emerald or Longreach ^o Full day list usually available ^o Fortnightly only ^o Please note that whilst we offer an Open Access Service all our Gastroenterologists are available for consultations. ^o Monthly only (Haemorrhoid Clinic)

Sunshine Coast Haematology Oncology Clinic Celebrating 20 Years

Described as a 'visionary project, one of care and compassion' by former Minister for Health, Mike Horan at the official opening in April 1998, the Sunshine Coast Haematology and Oncology Clinic has made an immeasurable difference to the lives of thousands of people. The award-winning Clinic's concept evolved from the recognition of the need for a facility on the Sunshine Coast, with specialised medical staff, allowing patient treatment in a pleasant, caring and supportive environment.

The facility was the first free-standing day hospital in Queensland, specifically established for the treatment of blood disorders and cancers, providing a range of medical oncology and malignant, and non-malignant, haematology services. Built from the patient perspective and with a wellness focus, the Clinic, and the dedicated team, has been the recipient of numerous awards over the years.

In September 2014, continuing the wellness ethos, the Clinic moved from the original site at Cotton Tree, to a new purpose built facility at 10 King Street, Buderim.

Expanding services from 6 to 12 chairs + 2 beds, and including 5 consulting rooms.

The new facility set amongst bushland

and amazing views over the Sunshine Coast, from this peaceful and calm environment, our wellness initiative continues.

Working in conjunction with the physical aspects of the clinic, in 2015, the Clinic implemented their wellness program, called "Being Well". This service provides oncology massage, exercise physiology, nutrition and dietetic support, as well as clinical psychology. Being Well incorporates a pro-active pathway for cancer patients that runs along-side their treatment, ensuring that their body and mind is in the right space during, and after completion of treatment, as they come to terms with returning to work or other activities. Our doctors and staff believe that by focusing on total wellness in a positive and proactive manner, patients and their carers can be supported more personally and effectively.

In May 2016, Sunshine Coast Haematology and Oncology Clinic were the first hospital in Queensland to offer patients a clinically proven, TGA approved scalp cooling treatment that helps in the prevention of hair loss due to certain chemotherapy treatments. Hair loss is widely recognised as one of the most distressing consequences of chemotherapy. Dr Hong

Shue, a leading Sunshine Coast Oncologist, has stated that one of the most frequently asked questions by people considering the options of chemotherapy is "Am I going to lose my hair?" This means the opportunity to regain some control and encourage a positive attitude towards treatment.

Oncologists and Haematologists at the Buderim clinic have partnered with the USC Clinical Trials Centre to bring innovative research and clinical trials to the Sunshine Coast region. Clinical Haematologist Dr Sorab Shavaksha said, "While we are very fortunate in Australia to have access to world-leading therapies on the Pharmaceutical Benefits Scheme, offering a patient enrolment into a well-designed, scientifically valid, peer-reviewed clinical trial gives patients with uncommon diseases the best possible opportunity to regain their health. They will also be participating in research that could help future patients."

Having provided over 58,000 episodes of care since opening in 1998, the Clinic is the largest provider of private cancer care on the Sunshine Coast.



RAPID ACCESS COLONOSCOPY

If you're not seen in the first 3 weeks it's FREE!

Our team of experts provide Gastroenterology services across 6 locations in Queensland, allowing patients better access to local specialists.

GP Hotline: (07) 3833 6788
 Bookings: (07) 3833 6701

Fax (07) 3833 6740 / Medical Objects: CM4000007H

- DR REBECCA RYAN | Gastroenterologist & Hepatologist | BMBS (HONS) FRACP
- DR CLIONA MAGUIRE | Gastroenterologist MB BCH BAO MRCPI FRACP
- DR TERRANCE TAN | Gastroenterologist MB BS FRACP PHD
- DR MARK NORRIE | Gastroenterologist BHB MB CHB FRACP PHD
- DR SAM ISLAM | Gastroenterologist MBBS PHD FRAC
- DR AMMAR KHEIR | Gastroenterologist MBBS, MRCP (UK), FRACP
- DR HADI MOATTAR | Gastroenterologist & Hepatologist | MBBS FRACP