

SCOPE

Summer 2012

Inside this issue

Healing broken hearts

Mater Mothers sets an
Australian record

First steps taken toward
new health city



Exceptional People. Exceptional Care.



Welcome from the Editor

Welcome to the final edition of Scope for the year.

It has been another busy year at Mater and 2013 is set to be no different with an exciting year ahead.

Thank you for your support and contributions to Scope throughout the year, we couldn't put this publication together without you.

The Scope team and I would like to wish everyone a safe and happy Christmas and look forward to bringing you more news in 2013.

Best wishes
Miranda

Contributors

Editor - Miranda Hunt

Senior Writer - Brooke Falvey

Staff Writers - Jacqueline Hayes, Sara McDonald and Belinda Gatz

Thank you also to those who contributed to the current edition of *Scope*.

Scope welcomes your opinion. If you have an interesting patient case or a topical issue you would like to share with your colleagues, write to us.

Please email your contributions to the Editor, Miranda Hunt at miranda.hunt@mater.org.au. Names will be published unless otherwise stated.

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A message from the CEO

As 2012 draws to a close, I would like to thank you for supporting Mater Health Services in its Mission to provide exceptional health care during a year filled with celebrations and challenges.

Once again it was the exceptional staff contributions made over the past 12 months, from our specialists, nurses, midwives and allied health staff on the frontline treating patients to those working behind-the-scenes who ensured our organisation continued to run as a well-oiled machine. (This is not to say there is no room for improvement!)

While the year featured celebrations and milestones including the Doctors' Alumni Dinner, Mater Mothers' World Record Attempt and various surgical and research advancements, it was also a year marked by challenges and, at times, great sadness.

We have farewelled fond friends, dealt with the trials of an ever-changing economic climate, a restructured public health system and the opportunities presented by a new State Government. We also continued to pursue the challenge to be the safest hospital in Australia through Safequest.

It is how we handled those tough times—as an organisation, as a family, as one Mater—that is testament to our true strength, values and culture.

And so, as we all look back on everything that we have achieved together over the past year, we must also rest and recuperate so we have strength to deal with the many challenges of the year ahead—which we will once again deal with by staying true to our values of Mercy, Dignity, Care, Commitment and Quality.

I wish you and your families a happy and Holy Christmas and hope that you all have a chance to take a few minutes to reflect on your efforts throughout 2012. Your support to ensure another successful year of delivering exceptional care at Mater truly is appreciated.

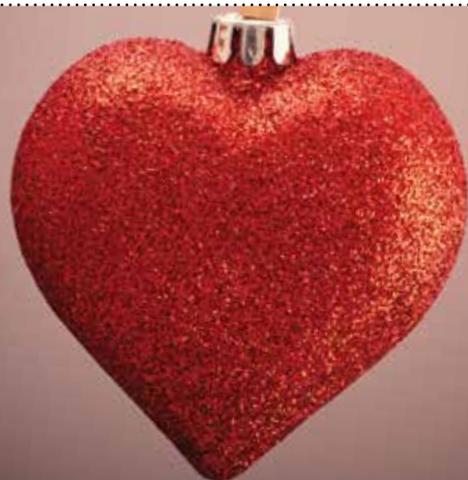
Dr John O'Donnell
CEO, Mater Health Services



Cover Story

Mater Children's Hospital provided a backdrop for a world-first surgery in October when Professor Tom Karl used a new cardiovascular tissue patch to fix congenital heart defects in children.

To read more, see page six.



Dr Ian Stephens resigns as Director of Anaesthesia

After 10 years as Director of Anaesthesia, Dr Ian Stephens has resigned.

Adult, Women's and Children's Health Services Acting Executive Director Mish Hill said Dr Stephens would remain in his current role as Director until 4 February 2013, when he would return to the role of Staff Specialist.

Dr Stephens commenced at Mater Health Services on the 31 December 1979.

Since then, he has been a lecturer and tutor for UQ medical students (with teaching also extended to Midwives and Anaesthetic Technicians), Supervisor of Training for the Australian and New Zealand College of Anaesthetists (1982 to 1996) and Director of Obstetric Anaesthesia at Mater Mothers' Hospital.

"When I came to Mater, there were about five staff in anaesthetics and it was all very fluid and informal but now we have about 37 full-time equivalent roles," Dr Stephens said.

"Back then Mater was a small country hospital in what seemed to be a big country town; we are now a moderate sized hospital in a growing city but we are on a journey and I'm sure Mater in 10 years from now will be very different from what we now have."

Ms Hill said Ian was known for his communication and leadership skills, paving the way for the ongoing success of the Department of Anaesthesia.

"Ian is credited with taking the department from a place where morale was low and losing college accreditation to what it is today; a fully staffed and expanding department," Ms Hill said.

Dr Mark Young will commence as Director Department of Anaesthesia from the 4 February 2013.



(Back to front, left to right) MCH emergency department staff Kirsty Garrish, Alice Walthall, Meg Spence, Steph Windrow, Tara Fielding, Jason Holtman, Krystle Keetch and Lyn Riley embrace the pirate's life.

A pirate's life for us!

Staff at Mater Children's Hospital (MCH) emergency department donned eye patches and bandanas as part of 'Talk like a Pirate' day on 19 September.

MCH Emergency Department NUM Jason Holtman said staff wanted to do their bit to raise awareness of the impact childhood cancer has on families while raising funds for Childhood Cancer Support.

"The staff really got behind the event, organising everything from eye patches and fake moustaches to fashioning fake scars out of steri-strips," Jason said

"A couple of the girls even gave themselves beards and moustaches with markers.

"The kids loved it; staff were talking with their 'arrrrrrs' and we got a lot of laughs from the kids and their families alike."

New guidelines for specialist clinics

Mater Health Services have developed online referral guidelines to support GPs referring patients to our Mater Adult Specialist Clinics.

The referral guidelines provide transparent and current information on:

- scope of practice for each clinic
- anticipated wait times for appointments
- specialist names and clinic contact information
- referral information required for appropriate triaging
- pre-referral guidelines (for some specialties) which support GP management of conditions prior to or in lieu of a specialist appointment.

The guidelines aim to provide GPs with the tools and resources to facilitate relevant, timely and complete referrals and to improve communication channels with our GP partners.

Check out the new guidelines at www.materonline.org.au.

Mater Pathology has moved

Mater Pathology is now located within the new look Mater Pharmacy which has opened on Level 6, Mater Private Hospital Brisbane—opposite Chloe’s Cafe.

Mater Pathology’s friendly collection staff will continue to provide exceptional service and are experienced in all areas of specimen collection for adults and children.

For a complete list of Mater Pathology’s collection centres across Brisbane visit pathology.mater.org.au.

With more than 90 years’ experience, Mater Pathology is Queensland’s leading not-for-profit pathology provider, reinvesting revenue back into improving health care.

**Opening hours: 7 am to 5 pm Monday to Friday
Telephone 07 3163 8500. All pathology referral forms accepted.**



Vossy to face his fear and jump for cancer



In mid-January, Brisbane Lions coach Michael Voss will face the ultimate fear and jump out of a plane at 14 000 feet—and you could be there beside him!

Vossy has signed up for Mater’s ‘Jump for Cancer’ and will be one of 50 brave fundraisers to skydive at Redcliffe—all with the goal of raising \$100 000 for prostate cancer research.

The first six people to register and raise \$1700 will jump from the same plane as Vossy on Saturday 19 January 2013.

Other fundraisers will be able to jump on the same day, meet the Lions coach and, if needed, get a pep talk on bravery.

Vossy has long been a supporter of Mater Foundation and encourages all Lions supporters to ‘jump’ on board and face their fear.

“I’m a little nervous about the skydive but it’s something I’ve always wanted to do. Most importantly, it’s for a terrific cause in prostate cancer research,” he said.

For more information about the ‘Jump for Cancer’ or to register to jump with Vossy visit www.talkingpc.org.au or call 1800 440 155.

Bankers give babies best chance of survival

Mater’s Neonatal Critical Care Unit (NCCU) recently took delivery of a new milk freezer, thanks to a \$10 000 grant from the Commonwealth Bank’s Staff Community Fund.

Neonatology & Maternal Fetal Services Deputy Director Lynne Elliott said evidence suggests that premature babies, particularly those born at or before 28 weeks gestation, have better health outcomes if they are fed early with expressed breast milk.

As mothers are not always able to express milk for their baby or do not have the supply necessary to provide the quantity of milk needed on a daily basis, Mater receives regular donations from the Mothers’ Milk Bank in northern New South Wales.



Commonwealth Bank’s QLD Expansion Sales Manager Richie Gernon and South Brisbane Branch Manager Jenna French with Neonatology & Maternal Fetal Services Deputy Director Lynne Elliott.

“The freezer is important as the donor milk arrives to the NCCU frozen and once defrosted needs to be used within six hours. We currently use eight litres of donor milk each week, as the new freezer enables us to store this quantity of milk,” Ms Elliott said.

Healing broken hearts

In October, Mater Children's Hospital's cardiothoracic surgeon Professor Tom Karl performed the world's first open-heart surgery using a new patch which mimics human tissue to fix congenital heart defects (CHD) in children.

It was the first time the CardioCel patches, developed by Australian company Allied Healthcare, had been used outside of a clinical trial.

Prof Karl and his cardiac theatre team performed three surgeries using the patch during its launch week, with all patients now recovering well.

"The use of CardioCel is expected to add significant long term value to our existing surgical practice of repairing CHD and is expected to allow our patients to live a 'normal' life, free of implanted tissue related complications," Prof Karl said.

In September, the Therapeutic Goods Administration authorised CardioCel use for surgical repair of CHD under an Authorised Prescriber Scheme, allowing the authorised cardiothoracic surgeon to use the heart patches to treat their patients prior to full marketing approval.

Prof Karl was the first surgeon to receive approval to use the CardioCel patches.

"The authorised prescriber approval provides an exciting opportunity for our patients to benefit from this new technology immediately," Prof Karl said.

CardioCel patches have multiple potential advantages over existing techniques, including a greatly reduced risk of calcification or toxic cell damage.

Allied Healthcare managing director Lee Rodney said the patches provide a "biocompatible scaffold for native tissue repair, while still retaining tissue strength".

"The global medical community has been searching for tissue that doesn't cause the patient's own heart tissue to react negatively," Mr Rodney said.

"CardioCel represents a major breakthrough in this endeavour and it has the potential to alter treatment for a range of tissue related heart repairs globally.

"Ten years of preclinical and clinical studies have shown CardioCel patches have no evidence of toxic cell damage (cytotoxicity) or build-up of hard tissue at the site (calcification) for one to three years post-surgery."

In Australia, CHD prevalence has been recorded at around eight cases per 1000 live births.

More CHD patients are now living until adulthood, requiring lifelong solutions for their congenital heart defects.

- Australian-developed cardiovascular tissue patch used in open-heart surgery for the first time by Professor Tom Karl at Mater Children's Hospital.
- Studies show CardioCel may eliminate risk of needing revision surgery later in life.
- CardioCel offers next generation biocompatibility, demonstrating improved integration into the surrounding heart tissue, whilst reducing key adverse outcomes such as tissue hardening compared to conventional approaches.



New foundations

By Don Murray

The festive season is upon us and things are hotting up with all that Christmas brings. For me Christmas means many things – family, the giving and receiving of gifts, the consumption of mind boggling quantities of food and the perennial Australian classic, the Boxing Day test.



For those of you who regularly read my 'Scope column' I am sure that you will have noticed that I manage to weave sporting references in wherever possible and this time is no different.

I think that it is fair to say that life is not a level playing field

and we all play on an unpredictable wicket. But, it's testament to the human spirit that the prospect of being bowled out does not deter us from doing great things. This 'spirit' is particularly apparent at Christmas when the Mater community reflects on the values which our organisation was founded.

At Mater in 2012 we certainly put a few runs on the board, opening a Health Centre at Hope Island in May and by breaking a century old record for the number of theatre cases performed at Mater Private Hospital Brisbane. Mater Private Hospital Redland has also experienced significant growth in theatre cases and the introduction of a Greenlight Laser for urology patients, further underlining Mater's commitment to the Bayside community.

In addition to these achievements the foundations have been laid for many more great things to come such as a Mater Health Centre at Brookwater, a hospital at Springfield and comprehensive cancer services for our community.

None of this would be possible without the commitment of our Mater people and I would like to thank you sincerely for your efforts in 2012 and your contribution to Mater's continued success in meeting the health care needs of our community.

I wish a safe and happy Christmas and New Year and hope that your innings are long and successful.

Celebrations at Hope Island



Although the sun failed to shine, there were plenty of happy faces at the Mater Health Centre Hope Island Open Day on Sunday 28 October.

More than 300 residents turned out to celebrate the opening of the centre, a collaboration between Mater Health Services and developer Halcyon, with one lucky resident walking away with a \$1000 Harbour Town gift voucher.

Mater Private Hospital Brisbane and Redland Executive Director Don Murray said the event was a great opportunity for Mater to engage with the local community and share with them the breadth of services available at the Mater Health Centre.

"Even the weather was incapable of preventing the local community from clearly demonstrating the support they have for the establishment of our centre," Mr Murray said.

"The Hon Michael Crandon and Councillor Cameron Caldwell were impressed to meet the various service providers and Mater specialists. They saw this as a clear testimony to the reality and strength of the Mater offering."



Throughout the day Mater staff and volunteers welcomed visitors, answered questions and provided guided tours of the centre. There was a real community feel with something for everyone including live music

and free health checks and the kids weren't forgotten with a jumping castle, face-painting and snow cones.

Opened in May 2012, Mater Health Centre Hope Island offers Mater Pharmacy, Mater Pathology, GP services, physiotherapy, dental and podiatry services, medical imaging as well as access to Mater specialists.

Case Study

by Dr Rob Butler

Interesting ectopic pregnancy—an Australian first

A 24-year-old woman presented to the emergency department with mild vaginal bleeding and abdominal pain, following six weeks amenorrhoea and a positive urine pregnancy test.

This was her first pregnancy and she had no significant medical history.



General examination was unremarkable and vaginal examination revealed minimal bleeding and mild left adnexal tenderness.

Her haemoglobin was 13.6 g/dL, blood group ORhD+ve, and serum B-HCG titre 15 000 IU/L.

A trans-vaginal ultrasound scan showed an empty uterus, 6.5 cm simple right ovarian cyst, normal left ovary and a 2.6 cm left adnexal mass with minimal free fluid.

A provisional diagnosis of left ectopic pregnancy was made.

Laparoscopy revealed a 3 cm x 2 cm intact mid-tubal mass and an uncomplicated left salpingectomy was performed, with an uneventful recovery.

Histologic assessment demonstrated a haemorrhagic, necrotic tumour comprising cytotrophoblastic cells, surrounded in some areas by syncytiotrophoblasts.

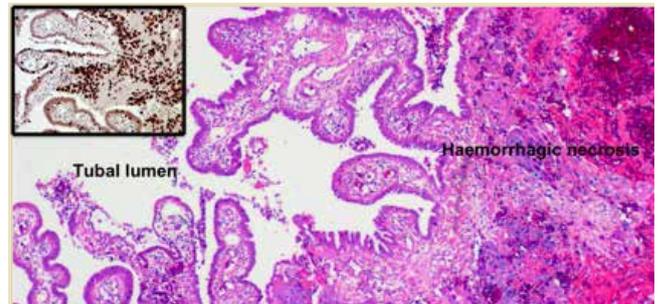
No chorionic villi were seen. Marked nuclear atypia and mitoses with abnormal forms were present.

There was smooth muscle invasion, a focus of vascular invasion, but no extension to the serosal surface. Immunohistochemistry of the cytotrophoblastic cells was positive for keratin cocktail (AE1/AE3) and BHCg. Ki 67 index was almost 100 per cent (figure 1).

Uterine curettage and CT scans of head, chest, abdomen and pelvis did not demonstrate any metastatic sites.

The final diagnosis of primary tubal gestational choriocarcinoma was confirmed.

The patient was referred to the medical oncology team and classified FIGO stage I, WHO prognostic score <6, and



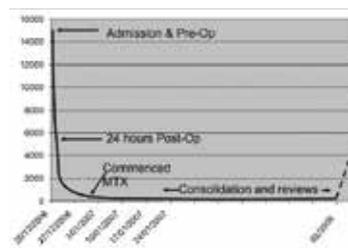
commenced weekly methotrexate with folinic acid rescue for 6 weeks.

Monthly serum BHCg levels fell rapidly 24h following surgery and remained <5 IU/L for 12 months, when an appropriate rise occurred in the context of a spontaneous twin pregnancy.

She had a caesarean section at 38 weeks for obstetric indications, with birth weights of 3020g and 3450g. Histopathology confirmed a normal dichorionic diamniotic placenta.

Discussion

Gestational choriocarcinoma is an uncommon malignancy occurring in approximately 4/100 000 pregnancies in Australia.



Primary gestational choriocarcinoma of the fallopian tube was first reported in 1895 and is even rarer, with an unknown incidence, and this is the first case reported in Australia.

Given the rarity of the condition, there are no guidelines for the use of adjuvant chemotherapy, however single and multi-agent regimens have improved survival from 13 to 94 per cent.

This case emphasises the importance of securing an accurate diagnosis and follow-up of all patients with what may initially appear to be a routine tubal pregnancy, especially with the increasing use of methotrexate as primary management in select patients.

Importantly, our patient's recollections of her diagnosis and treatment highlight the paucity of information regarding her cancer and the lack of support groups or public awareness, reinforcing to me the immeasurable value of these services and the support they provide during cancer treatment.

A time for changes

By Mish Hill

**"You alone cannot save the world. You may only have the power of one, but a brilliant team can create great changes".
Wendy McIntosh, RN.**



With the last few days of 2012 now upon us, I felt it was time to reflect on the year that was. 2012 was a year defined by change—both within our organisation and in the greater community.

In February, Dr David McCrossin returned to his role as Director of Paediatric Health Services at Mater following his secondment to Children's Health Queensland.

David's experience during his secondment will be of enormous benefit in guiding the staff and organisation through the transition with the Royal Children's Hospital to form the new Queensland Children's Hospital in 2014.

April saw the launch of the Mater Mothers' Beautiful Moments

campaign, inviting mothers and staff to share their 'beautiful moments'.

We also celebrated our own 'beautiful moment' in June with a record number of 918 deliveries—an average of 28 babies a day. We are now on track to reach 10 000 deliveries before the year is out.

This year we also reached major milestones in the development of the Mater Shared Electronic Health Record (MSEHR) with the Mater Patient Portal going live on 25 June. To date, more than 2700 people have created a Patient Portal account and work is now underway to extend the registration/pre-admission service to Mater Private Hospital patients.

In June we farewelled Dr Mark Waters, who resigned as Executive Director of Mater Adult, Women's and Children's Health Services.

By acting in the Executive Director role, I have been privileged to lead the wonderful team of clinicians, nursing, allied health and administration staff for the past six months.

And now, as we look to 2013, we would like to thank you all for another year of providing exceptional care to the patients at Mater.

I wish you and your families a happy and healthy Christmas and New Year.

Probiotics now available for neonates

Mater's Neonatal Critical Care Unit (NCCU) is now treating babies at risk of developing a potentially fatal bowel condition with the probiotic Infloran.

Neonatology Staff Specialist Dr Luke Jardine said necrotising enterocolitis (NEC) is a severe bowel condition which affects approximately one-in-35 preterm babies.

Approximately one-in-four babies weighing under 1500 grams and almost one-in-two babies weighing under 1000 grams who develop NEC will die. The mortality increases to almost 100 per cent if there is full thickness widespread necrosis of the gut," Dr Jardine said.

Studies of preterm babies show that probiotics halve the risk of a baby developing NEC and dying. They have also been shown to improve feed tolerance and reduce the time it takes to get to full feeds in preterm babies.

"Probiotics protect the gut from bad bacteria and boost the immune system. Unfortunately they do not inhabit the gut prior to birth but are transferred from mum to baby during birth and from breast milk," Dr Jardine said.

"Due to a number of factors, preterm babies do not get as many of these good bacteria as they need."

"A recent meta-analysis¹ which included over 2800 babies,

reported that for every 20-25 babies treated with probiotics, one less will develop NEC or die," Dr Jardine said.

On the basis of this and other studies, Mater's NCCU consultant group has been collaborating to translate the research on this treatment into clinical practice.

"To identify the most suitable probiotic preparation, consultation with other Australasian units was undertaken," Dr Jardine said.

"Infloran was identified as the most suitable product however it is made in Italy and could only be prescribed to Australian patients through the Authorised Prescriber Pathway of the Therapeutic Goods Administration (TGA).

"The two types of probiotics in Infloran, Bifidobacterium bifidum and Lactobacillus acidophilus, have no recorded side effects and have been safely used in Japan since 1999 and in Italy since 2004 for babies weighing less than 1500g."

Infloran is mixed into a small amount of expressed breast milk or formula and provided to babies via their feeding tubes once a day until a baby reaches 36 weeks gestational age.

References

AlFaleh K, Anabrees J, Bassler D, Al-Kharfi T. Probiotics for prevention of necrotizing enterocolitis in preterm infants. Cochrane Database of Systematic Reviews 2011, Issue 3. Art. No.: CD005496. DOI: 10.1002/14651858.CD005496.pub3

First steps taken toward new health city

Mater will soon cement its first presence in the Greater Springfield region with the opening of a Mater Health Centre in Brookwater Village in February.

With services to eventually extend into Health City Springfield, the centre will be underpinned by Mater Health Services and a range of allied health practitioners to deliver an integrated health experience focusing on the patient.

Meanwhile, plans for the Health City were recently given a huge boost with the announcement of a state-of-the-art cancer service offering day and radiation oncology including two new linear accelerators, consultation rooms and a research unit.

Springfield Land Corporation Chairman Maha Sinnathamby and Mater welcomed Federal



Government funding as the catalyst for the Health City development.

"It will be a one-stop health and wellness destination encompassing hospital facilities as well as allied health providers. Importantly, the health precinct will service regional and rural areas as well as Brisbane's booming western corridor," Mr Sinnathamby said.

Executive Director Mater Private Hospital Brisbane and Redland Don Murray said the \$21.4 million cancer services project was an important partnership between the Springfield Land Corporation, Mater Health Services and Radiation Oncology Queensland.

Radiation Oncology Queensland's Mark Middleton, Springfield Land Corporation Chairman Maha Sinnathamby, Federal Minister for Health Tanya Plibersek, Federal Member for Blair Shayne Neumann and Mater Health Services Chief Executive Officer John O'Donnell.

MATER LITTLE MIRACLES BALL 2013

Follow the yellow brick road...

Join us somewhere over the rainbow for a truly magical night full of courage, hope and heart and help make little miracles happen.

When Saturday 16 February 2012, from 7 pm until late
Where Plaza Ballroom, Brisbane Convention & Exhibition Centre, Corner Merivale and Glenelg Streets, South Brisbane
Tickets \$175 per person, \$1700 per table of ten, Premium tables \$2600 per table of ten
For more information www.materfoundation.org.au, materlittlemiracles@mater.org.au

Carol Dawson

It was with great sadness that Mater staff last month farewelled Carol Dawson after she and five others, including her husband John, died in a vintage plane crash in the Sunshine Coast hinterland.

Carol's long association with Mater began in August 1965 when she joined the staff as a clerk typist working under the watchful eye of Sr Mary Sebastian RSM.

Carol later took on the role of medical typist before joining the newly-formed Medical Records Department in 1968 where she was part of the team who created patient records—a chart for each admission, an orange eye outpatient card, an outpatient card and a casualty card.

She then worked her way up to Medical Records Supervisor and helped introduce the patient index computer system in 1983. Her last role was as Manager of Health Records Services.

Last year, when celebrating her 45 years of service at Mater,



we asked Carol why she thought so many staff stayed at Mater for long periods of time.

Her answer was simple: "We are that big happy family on the hill working for a common goal".

"We are not just treated like a number; the Mater is very personal, has great leadership, great people and a great purpose. The staff really do live by the Values of Mercy, Dignity, Care, Commitment and Quality."

"A couple of years ago I walked out of my office to leave for the day and there was a young doctor coming along the corridor.

"I walked over to the car park with him and he said to me, 'Why does God play the devil at Christmas time?' He went on to tell me about the day he

experienced and he was quite emotional about the sad events.

"We stopped and talked for about 20 minutes and we left one another saying that each day it makes you realise just how short life is and to be thankful for each day."

Carol was married for 40 years. She had an avid interest in water skiing and represented Queensland on the Australian Board of Water Skiing. She was also a member of the Antique Aeroplane Association of Australia.

Cancer research published in Nature Magazine

Mater researchers have discovered a way to protect normal healthy bone marrow cells from the adverse effects of chemotherapy.

About one-third of cancer patients suffer from an infection during, or soon after, their chemotherapy.

Researchers including Dr Ingrid Winkler and Dr Jean-Pierre Levesque have published a paper in Nature Medicine¹ which describes a new function of E-selectin related to the cycling of

Haematopoietic stem cells in the bone marrow. Haematopoietic stem cells are multipotent stem cells that give rise to all blood cell types.

In the paper, authors highlight how genetically knocking-out E-selectin, or treatment with GMI-1070 (an e-selectin produced by clinical stage biotechnology company GlycoMimetics), protects these stem cells from some of the toxic effects of chemotherapy.

"This paper describes an important role for E-selectin in both signalling and differentiation of haematopoietic stem cells," said Dr Winkler.

Dr Ingrid Winkler said her goal was to further develop the discovery.

"For patients this research has the potential to make chemotherapy-treatment less dangerous, so they have the best possible chance to be cured of their cancer," Dr Winkler said.

1 Ingrid G Winkler, Valérie Barbier, Bianca Nowlan, Rebecca N Jacobsen, Catherine E Forristal, John T Patton, John L Magnani & Jean-Pierre Lévesque + et al. Vascular niche E-selectin regulates hematopoietic stem cell dormancy, self renewal and chemoresistance. Nature Medicine 18, 1651-1657 doi:10.1038/nm.2969.

Dr Sanjeev Naidu



Specialty

General Surgery

Dr Naidu gained his primary medical qualifications through The University of Auckland, New Zealand in 1995 and completed his general surgical Fellowship training in Queensland in 2005.

He completed a further two years of post-fellowship training in vascular surgery in Geelong Public Hospital and Princess Alexandra Hospital.

As well as his public appointments at Mater Adult Hospital, Dr Naidu also practices at Princess Alexandra Hospital in the Renal Transplant Unit and at QEII Hospital as Director of Department of Surgery, Gastroenterology and Endoscopy Services.

Dr Sanjeev Naidu will be providing patients at Mater with a broad spectrum of general surgery services including major and minor abdominal surgery, laparoscopic surgery, endoscopy (gastroscopy and colonoscopy) and renal dialysis access surgery (for peritoneal dialysis and haemodialysis access).

Dr Naidu runs a private practice through Mater Sessional Suites at South Brisbane and operates at Mater Private Hospital Brisbane.

Dr Saman Seneviratna



Specialty

Gynaecology

Dr Saman Seneviratna is a respected gynaecologist and operates and consults at Mater Private Hospital Redland.

Dr Seneviratna obtained his MBBS at The University of Peradeniya, Sri Lanka in 1992 and is a board certified specialist in Sri Lanka and Australia.

He was trained in Colombo North Teaching Hospital in Sri Lanka, Logan Hospital and Hervey Bay Hospital in Australia and received his Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) in 2010.

Working as a full time staff specialist at Logan Hospital for two years, Dr Seneviratna then moved to Redland Public Hospital in January 2012.

He is involved in teaching medical students of University of Queensland and registrars at Redland Public Hospital. Dr Seneviratna is also a training supervisor and examiner for DRANZCOG.

Dr Seneviratna is experienced in the management all gynaecological conditions with a special interest in menstrual disorders, incontinence and pelvic floor surgery.

Dr Raefe Gundelach



Specialty

Ear, Nose and Throat

Dr Raefe Gundelach graduated from The University of Queensland in 2001.

He underwent his basic surgical training and advanced Ear, Nose and Throat (ENT) surgical training in Queensland.

Dr Gundelach obtained his fellowship in Otolaryngology, Head and Neck Surgery (FRACS, ORL-HNS) in 2009.

In 2010 and 2011 he obtained further post-fellowship training in Toronto, Canada.

During this time Dr Gundelach worked in one of the largest head and neck cancer units in North America, working at the Toronto General, Princess Margaret and Mt Sinai Hospitals.

There he gained extensive experience in thyroid and parathyroid surgery, as well as other head and neck malignancies.

As well as his sub-specialty interests Dr Gundelach is well experienced in all areas of ENT surgery, both paediatric and adult.

He has public appointments at both the Princess Alexandra and Logan Hospitals and consults privately at Mater Private Hospital Redland.

Chasing the dream

by Dr David Knight

In October, Mater's Director of Neonatology Dr David Knight achieved his dream of competing in the Ironman World Championship in Hawaii. Here is his story:

It is the aim and dream of every amateur triathlete to compete in Hawaii—it remains the pinnacle of ironman races and is the World Championship.

However, it is increasingly difficult to qualify; you generally need to be one of the top two in your age group in a qualifying race to qualify for the main race.

I have done 21 Ironman races in the past 20 years and I was once one place off qualifying for Hawaii but I never managed to get over the line.

This year the organisers introduced a lottery where qualifiers needed to have done 12 Ironmans, including one each year for the past three years, and have never competed in Hawaii. There were 135 entries and 100 slots available. I got one.

The race had 2000 competitors, including 100 professional Ironmen, and in my 60-64 year male age group there were 60 participants.



The race started at 7 am and the course closed at midnight, giving participants 17 hours to finish the 3.8 km swim, 180 km bike ride and a 42.2 km marathon.

My swim time of 1 hour 29 mins was a bit slow but it was the least important leg as far as either finishing time or energy expenditure was concerned.

The bike leg was moderately hilly but the main challenge was the weather and heat; there were high winds and high temperatures of up to 38 degrees. We also had a rain storm after the 95 km mark, with the rain driving into our faces because of the strong head wind.

A friend of mine who was doing her 19th Hawaii Ironman said this year's conditions were the most brutal she had faced on the bike leg in 19 years.

I finished the ride in 7 hours 10 minutes, including two tyre changes for punctures. After a quick break in the changing tent, I set off on the run.

My running is pretty awful these days as I have bad hips, bad knees and dodgy ankles, so I hardly do any run training.

I shuffled for 6 hours and 35 minutes and got to the finish at 10.37 pm—a total time of 15 hours 37 minutes.

The finish was incredible; the last kilometre was lined with supporters who made so much noise cheering, banging and yelling encouragement.

I had hoped to finish an hour and a half faster but the achievement was to finish; I had dreamed of doing this race for 20 years and it certainly was a dream come true.

The next few days were painful; waking with cramps in the middle of the night, needing to rotate and use my hands to get from a chair to standing and hobbling instead of walking.

But I have a World Championship 'Finisher' medal and about 10 'Finisher' t-shirts from the (very expensive) official merchandising store—enough t-shirts to last for the rest of my days.



Mater Mothers sets an Australian record

Mater Mothers' Hospitals wrote its way into the record books on Sunday 4 November for hosting Australia's largest gathering of expectant mothers.

The event, held at South Bank Parkland's piazza, featured a fun day of activities for mums-to-be including physiotherapy tips, games and prizes, interviews by celebrity host Heather Foord and entertainment by Brisbane band Rush.

Partners and families weren't forgotten in the excitement with face-painters, magicians and balloon twisters to keep them entertained.

Mater's Director of Women's Health Services Maree Reynolds said the event provided a unique opportunity for expectant mums to celebrate the joy of pregnancy and to be a part of a world record attempt.

"Although we fell short of the world record, we have set an Australian record which is something everyone should be very proud of," Ms Reynolds said.

"We hope our participants enjoyed being part of such a unique event and they will certainly have an interesting story to tell their children when they're a bit older."



Acting Executive Director Adult, Women's and Children's Health Services Mish Hill, Chief Executive Officer Dr John O'Donnell, Guinness World Record Adjudicator Chris Sheedy and Director Women's Health Services Maree Reynolds.

Among the participants was Jessica Hay who was 13 weeks pregnant with her 12th child and thought taking part in the world record attempt would be 'fun'.

"I love being pregnant and I love being a mum," she said, adding that she had six girls and five boys aged between 14 months and 21 years.

First-time mum Brooke Dunlop said her brother's obsession with Guinness World Record books as a child prompted her to take part in Mater's event.

"I said one day it would be a great experience to be a part of a world record so I couldn't pass up this opportunity and it's something I can share with my child."

Awards recognise research excellence

Researchers, scientists and students were honoured at the annual Mater Research Awards for Research Excellence on 8 November 2012.



Mater Research Award winners Dr Shelley Wilkinson, Prof Ian Zimmer, Prof Timothy Florin and Dr Sumaira Hasnain.

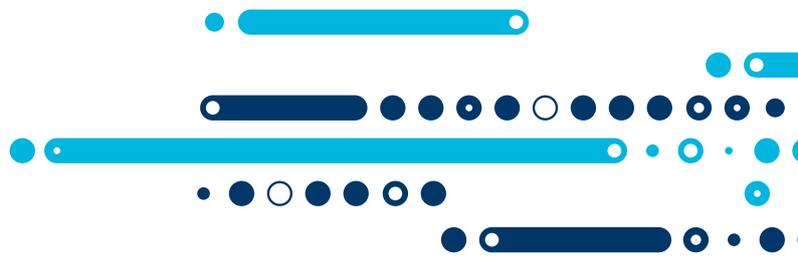
Dr Sumaira Hasnain, Professor Ian Zimmer and Professor Timothy Florin were awarded the Institute Medals while Dr Shelley Wilkinson, Indrajit Das and Jacqueline Jauncey-Cooke received the Early Career Researcher and Research Higher Degree Student Awards (respectively) for their contributions to Mater Research.

Those celebrating the completion of PhDs and continued long service were also recognised for their achievements.

Awards included:

- Sr Regis Mary Dunne Medal for outstanding research contribution: **Dr Sumaira Hasnain**
- Sr Madonna Josey Medal for outstanding contribution to the operation of the Institute: **Professor Ian Zimmer**
- Sr Eileen Pollard Medal for incorporating research into clinical care provision: **Professor Timothy Florin**
- Early Career Researcher Award: Dr Shelley Wilkinson
Scientific Research—Research Higher Degree Award: **Indrajit Das**
- Clinical Research—Research Higher Degree Award: **Jacqueline Jauncey Cooke**

For more information about what is happening at Mater Research, visit www.research.mater.org.au.



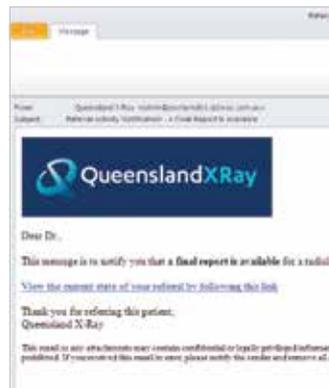
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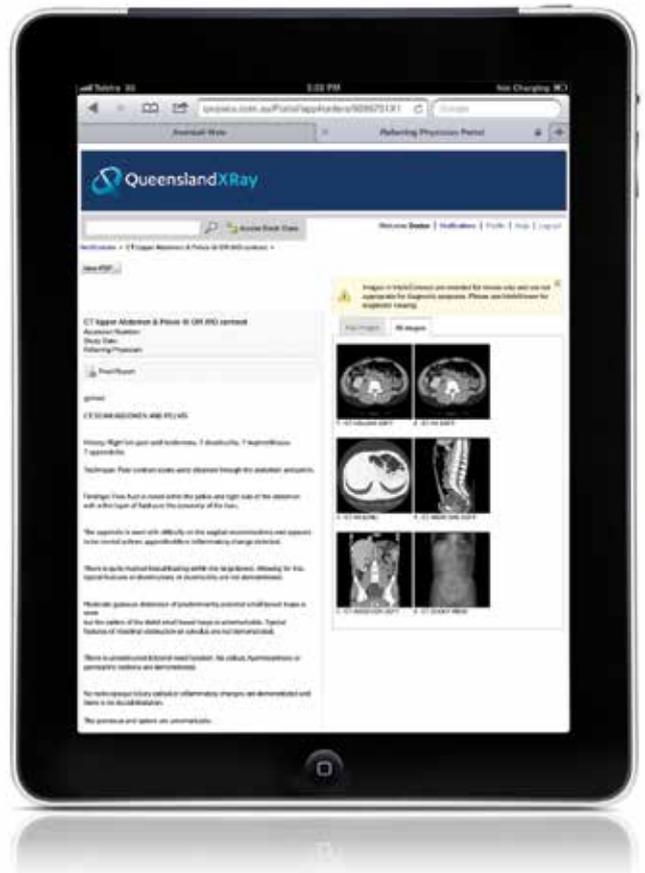
- List of referred patients on the main screen upon log in¹
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- JPEG images and reports side-by-side
- Ability to launch case in IntelViewer if further detail required



1. Notifications screen



2. Email notification

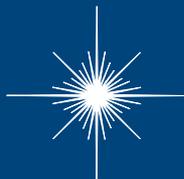


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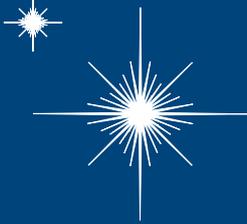
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Happy
Christmas



*Thank you for supporting
Mater Health Services in its Mission
to provide exceptional health care.*

*May the spirit of Mercy be with you
and your family this Christmas.*

