

HSS news

AUTUMN

HOSPITAL FOR SPECIALIST SURGERY QUARTERLY NEWSLETTER



HSS Gastroenterologist, Dr Pran Yoganathan, with final year medical students in theatre.

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HSS WELCOMES MEDICAL STUDENTS FROM WESTERN SYDNEY UNIVERSITY

The first group of medical students was welcomed to Hospital for Specialist Surgery (HSS) in February to train at our outstanding facility under the instruction of leading surgeons and anaesthetists.

“We are very proud to open the doors of our modern patient-focused facility to the next generation of medical professionals, and let them experience an environment where doctors can truly perform at their best,” said Rosemary McDonald, HSS General Manager.

As part of an agreement with the Western Sydney University and Blacktown-Mt Druitt Clinical School, final year students are attached to either the department of anaesthetics or surgery while at HSS.

“Under the care of specialist HSS surgeons, the medical students are

observing in operating theatres and endoscopy suites that are the largest of their kind in Sydney and are fully fitted out with superb equipment,” explained Rosemary McDonald. *“As a purely elective facility students are learning in a relaxed atmosphere.”*

Elaine Cheng, one of the medical students, said, *“It is a great opportunity to be learning at HSS. The doctors have been*

welcoming and supportive. I really appreciate being able to have access to speciality areas such as ENT surgery.”

As part of their visit, the students toured the hospital’s facilities including the long stay ward, the rehabilitation department with hydrotherapy pool and spa, pathology and radiology labs, on-site pharmacy and the large conference facilities.



Dr Pran Yoganathan, HSS Gastroenterologist, with medical students L to R: Amaleena Amir, Jessica Yip and Elaine Cheng.



SPOTLIGHT ON HSS SURGEON



Dr Michael Stening MBBS FRACS
Orthopaedic surgeon

Dr Stening is an orthopaedic surgeon with a particular interest in anterior minimally invasive hip and computer assisted knee replacement surgery. After graduating, he completed fellowships in hip and knee arthroplasty in Australia and in paediatric orthopaedics in the United States. Dr Stening has been in clinical practice since 1999, and is a founding doctor at Hospital for Specialist Surgery (HSS).

What attracted you to HSS?

I became interested in HSS after being involved with Castle Hill Day Surgery (CHDS) which, like HSS, is a doctor designed/operated facility. Of all the hospitals I had worked at, CHDS was more efficient and received more unsolicited positive feedback from my patients than any other hospital.

When the opportunity arose to be part of HSS, I could see that the same philosophy applied and I did not hesitate to become involved.

HSS has been designed from the ground up with patient care as the top priority. The whole patient experience is seamless – patients receive their consultations, investigations, surgery, inpatient rehab and outpatient services in the one friendly and modern facility.

Why should GPs be confident referring patients to HSS Orthopaedics?

HSS Orthopaedics is now the largest orthopaedic group practice in the country. All specialists are highly trained and experienced proceduralists covering most subspecialty disciplines. The combined expertise is exceptional and the group enjoys excellent comradery. Being on-site at HSS means patients of HSS Orthopaedics enjoy the benefits of a new facility.

What is the most satisfying part of your work?

Day after day I see patients who are living with chronic pain from hip and knee arthritis and common injuries. Their daily living is difficult and their enjoyment of life is very limited. Often chronic pain can lead to depression. Through orthopaedic surgery I see patients' lives transformed. I perform several hundred hip and knee replacements annually and am proud to be instrumental in bringing quality of life back to these people.

Hip and knee replacement surgeries are your areas of interest. When is the right time for a GP to refer a patient for these types of surgeries?

Total hip and knee replacements are proven effective treatments for arthritis. Surgery can completely relieve patients' pain, improve mobility and quality of life.

As a general rule, GPs should refer patients if pain is fairly constant (particularly rest pain), is not being controlled with analgesia and/or anti-inflammatory medication, activity modification or joint rehabilitation exercises, and if the pain is interfering with activities of daily living. A

plain X-ray, including a weight bearing film, is generally sufficient to confirm whether a patient has significant osteoarthritis.

What approach do you take to hip and knee replacement surgeries?

For my hip and knee replacements, I use pre-operative CT planning and 3D CT reconstruction to optimise implant sizing and positioning. This approach improves the longevity and function of the patient's joint replacement. The majority of my hip replacements are also done using an anterior approach. I commenced doing this approach five years ago and now act as a proctor for surgeons wishing to learn the technique. It is a true muscle sparing approach that is particularly advantageous for younger patients as it preserves muscle strength and secondarily stability of the joint.

ACL reconstructions represent a large part of your work. When should GPs refer patients for possible ACL surgery and what is involved?

I perform a large number of primary and revision ACL reconstructions in both adult and paediatric patients. The ACL is an important stabiliser for the knee. It is commonly injured playing sport and patients often describe a 'popping' sensation followed by a sudden onset of pain and swelling.

ACL injuries usually occur in adults, however, a greater number of children are suffering this injury because of impact sports. Treatment in children is more complex as they are still growing.

GPs should refer a patient when there are persistent symptoms of instability of the knee. Surgery

is not always necessary. Some people can compensate quite well, however, patients who want to remain active generally require surgical reconstruction. Surgery is performed arthroscopically and hamstring or patella tendon is harvested to replace the torn ACL. In paediatric patients other methods may be needed.

ACL reconstructions are often combined with meniscal surgery but can also be protective of future meniscal injury and subsequent progressive knee arthritis.

ACL reconstruction is a common procedure. In the hands of an experienced surgeon, up to 95 per cent of patients have very good results. There are risks associated that we need to be aware of but of course I monitor all my patients closely post operatively to assess for any complications.

How important is rehab post operatively?

Rehabilitation is an extremely important part of the recovery process; helping to restore movement, build muscle strength and improve circulation. One of the great aspects of HSS is the state-of-the-art rehabilitation facility which offers speciality orthopaedic and reconditioning inpatient and outpatient services. Patients benefit from the hydrotherapy pool, fully equipped gyms, and ongoing lifestyle and wellness programs provided by the skilled multidisciplinary team.

For more information on Dr Stening visit www.dr-michaelstening.com.au or phone 02 8711 0109.

For information on HSS Orthopaedics visit www.hssortho.com.au.

WHAT GPs NEED TO KNOW ABOUT SKIN CANCER

Australia has the highest rate of skin cancer in the world. We ask Dr Laniewski, leading HSS plastic surgeon, what GPs need to know.

What advice should GPs be giving their patients?

GPs should encourage patients to avoid excessive sun exposure during peak periods and to wear at least a 30+ sunscreen every day on areas of skin that are exposed. Limiting UV exposure not only aids in the prevention of skin cancers but also helps avoid premature ageing.

Who is at risk of developing skin cancer?

Patients considered to be at risk are those with high rates of recreational and/or occupational sun exposure; Fitzpatrick Type



Dr Laniewski removing a melanoma

1 and 2 skin (fair skin and eyes, freckles, of Celtic ancestry); and a family history of skin cancer or melanoma.

What should GPs look for when diagnosing skin cancer?

GPs should look for recent changes in pigmentation of lesions (areas of darkening asymmetry or raised edges), and any crusting, bleeding and ulceration of lesions.

What should GPs do if they suspect a melanoma?

If you suspect melanoma look for: (A) asymmetry and irregularity in shape; (B) borders that are irregular and difficult to define; (C) uneven distribution of colour or lesions with multiple colours ranging from blue, black to brown or tan; (D) size – the diameter of a melanoma lesion is usually greater than 6mm; (E) ask the patient about the lesion and how it has changed or evolved.

When is a biopsy necessary?

If in doubt, always take a punch biopsy rather than a shave biopsy of the area as this provides additional histopathological information. If you suspect a melanoma it is important to refer to a plastic surgeon so that the patient may be considered for a sentinel node biopsy to stage the melanoma.

When should a GP refer to a plastic surgeon?

When non-surgical methods such as cryotherapy, topical chemotherapy or photo-dynamic therapy are not effective; if the lesion is on the face; if the patient is concerned about the best aesthetic result; when there is a need for complex flap reconstruction and/or when you suspect melanoma.

Referrals can be made to Dr Laniewski at Suite A3 24-32 Lexington Drive Bella Vista phone 02 8824 8481.

HSS SPECIALIST TAKES ORTHOPAEDIC EXPERTISE TO INDIA

Hospital for Specialist Surgery (HSS) orthopaedic surgeon Dr Kalman Piper recently travelled to India to meet with surgeons, share his specialist knowledge and perform live shoulder surgery demonstrations.

Dr Piper was invited by DePuy Synthes, one of the world's largest orthopaedic device companies. He travelled to four cities in India to pass on the arthroscopic shoulder surgery techniques he

obtained during his fellowship training in France with Dr Laurent Lafosse, one of the world's foremost shoulder surgeons.

"It was a great privilege to be asked to help develop the skills of surgeons in India," said Dr Piper. "It is a fascinating country with a dedicated group of orthopaedic surgeons committed to continually seeking out world-best practice."

"The highlight of the visit was attending the 2nd Pune Shoulder and Elbow Congress where I performed live surgery to over 400 attendees," he said.

Dr Piper is a founding doctor of HSS and member of HSS Orthopaedics. He has been appointed an honorary position as clinical lecturer at Macquarie University and is extensively involved with teaching and training of local and international surgeons.



BIG-HEARTED VOLUNTEERS WANTED

Hospital for Specialist Surgery (HSS) is currently recruiting volunteers to join our newly established team.

With a deep commitment to the philosophy of Patients First, HSS seeks to create an exceptional and seamless patient experience. We are looking for friendly and enthusiastic volunteers who can live out this philosophy by assisting patients. Some of the duties include coordinating reading material, assisting with flower arrangements and simply providing company.

To be successful you must be over 18 years of age, be available for morning shifts at least one day a week, and be able to commit for at least 12 months. Experience is not essential.

To apply, send a covering letter to ellezattera@hssaustralia.com.au.

HSS HELPS ELITE BASEBALL PLAYER REALISE HIS DREAM

Luke Wilkins pitching for the Sydney Blue Sox

Elite college baseball player Luke Wilkins was pitching for the Sydney Blue Sox as part of the Australian Baseball League when he felt a sharp pain in his elbow. With his sights set on playing in the upcoming season in the United States, Luke feared the worst.

"I felt it go and I knew then it was genuine. All I could think about was being able to play for the Washington Wild Things — it means everything to me to be there," Luke said.

Luke saw the team physio who did an MRI and promptly referred him to HSS specialist orthopaedic surgeon Dr Manish Gupta. The MRI revealed a rupture of the anterior band of the medial ulnar collateral ligament from its origin at the medial epicondyle at the humerus.

"The UCL is the primary elbow stabiliser and some sports place enormous pressure on it particularly throwing sports such as baseball," explained Dr Gupta. *"The repetitive nature of high impact throwing can cause continuous strain and degeneration on the ligament and eventually it may rupture."*

Dr Gupta's first recommendation for this condition empirically is to treat the injury with an appropriate course of rest and physiotherapy. However, the time for recovery could be protracted, taking a year or longer, and the approach is unlikely to allow return to competitive baseball pitching. Surgery was offered as an option that would hasten recovery and allow return to sports earlier, with an eye on competing in the USA in a few months.

Given that the injured ligament looked to be of good quality without significant signs of degeneration or scarring on the MRI scan, a full ulnar collateral ligament

(UCL) reconstruction with biologic graft, commonly known as Tommy John Surgery, was not considered necessary. Instead, it was decided to perform a surgical repair with synthetic graft augmentation of the UCL. This option would allow the native tissue to heal, would be stronger earlier, and allow a more rapid return to sports.

Dr Gupta explained, *"A full UCL reconstruction where the UCL is replaced with a tendon from another part of the body is surgery that takes eight to twelve months to recover from – time that Luke simply didn't have to spare. The benefit of this approach for Luke is that it facilitates early return to throwing and pitching, without burning the bridge of a full reconstruction in the future if it ever became necessary; which I am confident it will not!"*

Luke is well on his way to a full recovery having gained strength and range of motion very quickly through a sports physiotherapy program. Importantly, he is on track to realise his dream to play in the upcoming season in the USA.



Dr Gupta is an orthopaedic surgeon with a special interest in treating shoulder, elbow and wrist disorders. Dr Gupta specialises in minimally invasive techniques and has extensive experience in arthroscopy, micro surgery, open reconstruction and joint replacement procedures. He also has expertise in the management of fractures and musculoskeletal trauma including

children's injuries. Deeply committed to research and innovation, Dr Gupta strives to ensure he provides patients with the most up to date care available. He is a member of the Royal Australasian College of Surgeons, The Australian Orthopaedic Association, The Australian Society of Orthopaedic Surgeons, The AO Foundation and The Royal Society of Medicine (UK).

Dr Gupta, HSS Orthopaedic Surgeon.

Save the date! SATURDAY 30 APRIL 2016

FULL DAY
CPD
EDUCATIONAL
TRAINING

ALL ABOUT
Orthopaedics

All About Orthopaedics will be presented by HSS specialist orthopaedic surgeons. Join us for a full day of dynamic, engaging education with small group practical sessions. Register your interest via marketing@hssaustralia.com.au.

THE FINE ART OF RHINOPLASTY SURGERY



Rhinoplasty is surgery designed to reshape the nose with the aim of improving the nose aesthetically and to correct any breathing problems.

According to Dr Shahidi, *“Despite being one of the most popular cosmetic surgeries, rhinoplasty is one of the most technically difficult procedures. It is truly an art form and therefore choosing the ‘right’ surgeon is extremely important,”* says Dr Shahidi

Dr Shahidi recommends GPs choose surgeons with reputations for excellence. *“It is the technical expertise and artistic skill of the surgeon you choose that will dictate the outcome of the surgery,”* he said. While most rhinoplasty surgeons are trained in otolaryngology, and head and neck surgery, Dr Shahidi recommends referring to surgeons

like himself who subspecialise in rhinoplasty and rhinology.

In addition to technical expertise, choosing a surgeon with a compassionate and caring nature is also very important according to Dr Shahidi. *“The majority of patients are embarrassed to seek help for cosmetic reasons,”* Dr Shahidi explained. *“The nose in particular is something patients can be very shy about. They have often been teased as a child because of a large or unusually shaped nose, and been self-conscious their whole lives as a result.”*

“My treatment philosophy is to spend time getting to know the patients as individuals, understand their concerns and develop realistic goals. I have a dedicated and professional team of staff who assure discretion and support throughout the process. Usually we have two consultations prior to surgery which includes utilising our advanced computer imaging system so the patients can make really informed decisions about different procedures and outcomes.”

“I am very proud of the work I do creating aesthetically natural and beautiful noses with healthy, functional airways. To see patients arrive with low self-esteem and health issues and to leave with confidence, ready to embrace life is very satisfying!” he said.

Dr Shahidi has received the highest qualification awarded to Australian Surgeons – fellowship of the Royal Australasian College of Surgeons (FRACS). He is also a member of the Australian Academy of Facial Plastic Surgery and Australian Rhinology society.

Visit Dr Shahidi’s web site at www.drshahidi.com. To refer to Dr Shahidi phone 02 9419 5477 at the Centre for Facial Cosmetic Surgery, Suite 8, 12-14 Malvern Ave, Chatswood.

Hospital for Specialist Surgery (HSS) rhinoplasty specialist, Dr Shahidi, has lost count of the number of rhinoplasties he has performed. *“It is in the thousands!”* he says.



Before and after rhinoplasty surgery



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