

Spring 2017

GP News

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Wollongong Private Hospital
Part of Ramsay Health Care

Wollongong Private Hospital
360 – 364 Crown Street
Wollongong NSW 2500
wollongongprivate.com.au



Lawrence Hargrave Private Hospital
Part of Ramsay Health Care

Lawrence Hargrave Private Hospital
72 Phillip Street
Thirroul NSW 2515
lawrencehargraveprivate.com.au



Figtree Private Hospital
Part of Ramsay Health Care

Figtree Private Hospital
1 Suttor Place
Figtree NSW 2525
figtreeprivate.com.au

From the CEO's Desk

David Crowe, CEO Wollongong Private Hospital



I can't believe that we are coming to the close of our second year since we have opened.

We are all really proud of what we have achieved so far but we want to continue to provide the highest quality of care to the patients of the Illawarra and

surrounding districts. With the support of our new and existing visiting medical officers we continue to have a greater ability to accommodate and provide the highest quality care to our patients enabling them to recover and convalesce at home in the Illawarra.

As you will see from this edition of the GP Newsletter, we pretty much have every specialty covered to cater for the vast majority of our patient's health care requirements. From complex

neurosurgery, to interventional cardiology, to obstetrics, to general medical and surgery, Wollongong Private Hospital has you covered. With our fully equipped Intensive Care Unit and support from our Intensivists we are able to look after acutely ill patients offering an acute renal dialysis service, inotrope support and all modalities of mechanical ventilation. As we continue to get busier across all of our new services such as Cardiology, Neurosurgery and Oncology I would like to thank you for your ongoing support of Wollongong Private Hospital through referring your patients to one of our locally accredited VMOs so that we are afforded the opportunity to further enhance the health services in the Illawarra.

Thank you for your ongoing support of Ramsay Health Care and Wollongong Private Hospital. I look forward to meeting up with you at one of our GP education sessions.

Paul McKenna, CEO Figtree Private Hospital



Over the past six months, our team has been preparing for the launch of an exciting new service at Figtree Private Hospital. In early 2018, we plan to launch the Illawarra Early Parenting Centre – the region's first inpatient postnatal support unit. The community response

so far has been overwhelming and we expect the new unit will be in high demand upon opening. We have appointed a Nurse Unit Manager and recruitment is underway for other key personnel. If you have an interest in being involved in this new service we have opportunities available for GPs. Please contact me for more information.

Ramsay Health care's premier inpatient rehabilitation programs are being expanded and continue to grow at Figtree Private. We are achieving exceptional outcomes and receiving

very positive feedback from your patients, thanks to our highly skilled multidisciplinary team. We recognise chronic pain can be very complex and difficult to manage and have launched the 'Push Past Pain' program. This program is led by our pain specialists and is designed to assist you in caring for your patients. We have recently completed construction of a new outdoor therapy area to help patients practice specific mobility and functional skills prior to discharge.

Our focus at Figtree Private Hospital continues to be on exceeding our patient's and your expectations in achieving exceptional quality outcomes. If you have any feedback on what we can do to improve our services to your patients, please don't hesitate to contact me. I would be pleased to attend your practice for a discussion.

Steven Rajcany, CEO Lawrence Hargrave Private Hospital



My colleague Robyn Ashe has now commenced her well-earned retirement after a solid 26 years heading up the hospital. Robyn has developed many quality initiatives at Lawrence Hargrave Private Hospital during her time at the facility. She will be missed by staff, doctors and our patients alike.

I look forward to taking on the position of CEO / DCS and working towards further developing the hospital's already exceptional

rehabilitation services. I come from a nursing background with solid experience in rehabilitation and have been part of Ramsay Health Care for more than 12 years. I am currently also responsible for two Ramsay Health Care hospitals in the Sutherland Shire – Kareena Private Hospital and Kingsway Day Surgery.

I'm looking forward to meeting you all over the next few months and I welcome you to contact me at the hospital if you have any suggested improvements that Lawrence Hargrave Private Hospital can implement to provide better care to your patients.

Production and Content:

This publication is produced and distributed by the Wollongong Private Hospital Marketing team. If you do not wish to receive this newsletter or other marketing materials from Ramsay Health Care, please contact the Marketing Department.

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Guide to Wollongong Private Hospital Orthopaedic Surgeons

Wollongong Private Hospital has many speciality specific Orthopaedic surgeons that are accredited to operate at our facility. Our specialists cover all Orthopaedic conditions from foot and ankle, through to shoulder, hip and knee, as well as surgery for sporting injuries and trauma.

We understand it can often be difficult to know each Orthopaedic surgeon's speciality area and have put together this handy list to help you make a quick referral to the correct specialist for your patient's presentation.

Visit wollongongprivate.com.au for more information about each of our Orthopaedic surgeons.

ORTHOPAEDICS – GENERAL

Dr Yiu Key Ho 02 4229 9181

ORTHOPAEDICS – HAND & WRIST

Dr Agus Kadir 02 4229 9116
Dr John Tawfik 1300 829 345

ORTHOPAEDICS – HIP & KNEE

Dr Aziz Bhimani 02 4229 9116
A/Prof John Ireland 02 9821 2599
Dr Anthony Leong 02 4229 5992
Dr Fred Nouh 02 4229 5992
Dr Vaibhav Punjabi 02 8315 2899
Dr Hamish Rae 02 8005 5111
Dr Gregory Stackpool 02 4229 9116

ORTHOPAEDICS – FOOT & ANKLE

Dr Anthony Cadden 02 4210 7870

ORTHOPAEDICS – SHOULDER

Dr Mark Haber 02 4229 5992
A/Prof John Ireland 02 9821 2599

ORTHOPAEDICS – TRAUMA

Dr Vaibhav Punjabi 02 8315 2899

ORTHOPAEDICS – UPPER LIMB

Dr Stuart Jansen 02 4229 9116
Dr Agus Kadir 02 4229 9116
Dr Hamish Rae 02 8005 5111



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Patient Education Program: Joint Replacement Clinic

Wollongong Private Hospital now runs a free education program for patients soon to undergo a hip or knee replacement. Our free joint replacement clinic program guides patients through what to expect before and after their procedure and answers any questions they may have about recovery and rehabilitation.

The popular program is held every Monday at Wollongong Private Hospital and attendance is strongly recommended by our Orthopaedic surgeons. Bookings can be made at Wollongong Private Hospital Reception in person or by calling 02 **4286 1000**.



Advances in the Management of Forefoot Deformity

Introduction

The common misperception is that forefoot surgery is unsuccessful, painful, or patients will be unable to walk for prolonged periods of time. Over the years there has been many advancements for bunion surgery and arthritis of the first toe. These advancements have led to predictable and reliable results, less pain, internal fixation devices and development of minimally invasive techniques.

Hallux Valgus deformity

Hallux valgus deformity (bunion) is a common condition of the first MTP joint. The common perception is that there is a growth of bone that can be simply shaved off to correct the problem. The medial prominence is caused by a medial subluxation of the first metatarsal head, with corresponding valgus of the toe. Pain is often related to pressure within shoes. When conservative management consisting of wider fitting shoes or activity modification is no longer effective, surgical correction of the deformity may be considered.

Correction of the deformity involves osteotomy of the first metatarsal head, shifting the head laterally and fixing the displacement with screws. The shaving of the bone is of the remaining prominent shaft rather than prominent head. The operation is commonly performed through an open incision with predictable results of correction

and pain relief. The procedure can be performed as day surgery, with the patient relatively pain free after surgery and able to walk on the foot on the same day.

Advancements have been made in the treatment of the condition through percutaneous or minimally invasive techniques to perform the osteotomy and deformity correction. This can be associated with less swelling, stiffness and postoperative pain. The technique can allow bilateral foot correction to be performed as a day surgery procedure.

First MTP joint arthritis

Degenerative arthritis of the first MTP joint is often called a bunion due to the presence of a bony prominence. The clinical difference is the associated stiffness of the joint, pain with joint motion and the dorsal location of joint osteophyte formation. Pain to the joint can be from dorsal pressure in shoes or from the progressive joint space changes.

Initial treatment consists of shoe wear changes to increase the height of the toe box, avoidance of high heels or use of a ridged insert to limit joint motion with walking. When these measures are no longer effective, surgical treatment can consist of joint sacrificing or joint preserving procedures.

Arthrodesis of the joint is still considered the optimal treatment for end stage arthritis of the joint when severe pain and limited joint motion is present. The misperception is that

a limitation of joint motion will cause a limp or restrict activities of the foot. With successful arthrodesis, the patient will have a pain free stiff joint that will often allow them to return to normal activities without a limp.

Not all patients will require a fusion to alleviate the pain. Dorsal joint pain from pressure in shoes can be alleviated with removal of the prominence and debridement of the joint. This is often effective when pain is limited to the dorsal prominence only. The biggest dilemma has been the patient with a painful joint wishing to retain joint motion. Recent advancements in joint preservation consist of the Cartiva implant, a synthetic cartilage that can be placed into the metatarsal head to replace the cartilage defect and maintain relative normal motion of the toe.



Dr Anthony Cadden

Orthopaedic Surgeon

Seaview Clinic

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Outdoor Functional Therapy



Completed outdoor therapy area

Figtree Private Hospital has completed construction of the facility's new outdoor mobility therapy area, transforming a disused courtyard into a modern, functional therapy space.

The outdoor mobility area was specially designed by the hospital's Allied Health team to provide patients with a safe and realistic alternative space to practice functional therapy. It allows patients to practice navigating ramps, stairs and walking on different surfaces, helping them to adequately prepare for the obstacles of everyday life.

The newly created specialist space hosts a number of daily activities including:

- One-one one therapy with our physiotherapists and occupational therapists to practice specific skills needed by patients on discharge
- Group exercise sessions with a focus on functional mobility
- Diversional therapy including relaxation and Tai Chi classes
- Falls prevention

Receive our News by Email

Subscribe to receive our GP Newsletters by email and you'll be the first to know about new services, new specialists and RACGP approved GP events at Ramsay Health Care facilities in the Illawarra.

To add your name to the mailing list, visit our hospital websites and enter your email address on the "GP Newsletters" page.

Four Bed Rooms Make Way for **New Gym**

Renovations are currently underway at Lawrence Hargrave Private Hospital to better utilise the hospital's three quad share rooms. The hospital has received consistent feedback that patients would prefer less beds for added privacy. In response to these comments, two of these patient rooms will be converted to two bed accommodation with ensuite bathrooms also being upgraded and modernised at the same time.

The third room is undergoing conversion to a new physiotherapy gymnasium to provide easier access to daily therapy for less mobile patients. The addition of a second gym will also allow the hospital to offer an expanded day program timetable at the main physiotherapy gymnasium.

Watch this space for our before and after transformations!

Ramsay Health Plus Illawarra

- Physiotherapy • Occupational Therapy • Tai Chi
- Clinical Pilates • Hydrotherapy • Acupuncture

For more information and appointments please contact:

Physiotherapy (02) 4268 9127 | Occupational Therapy (02) 4267 2811
72 Phillip Street Thirroul NSW 2515 | ramsayhealthplus.com.au

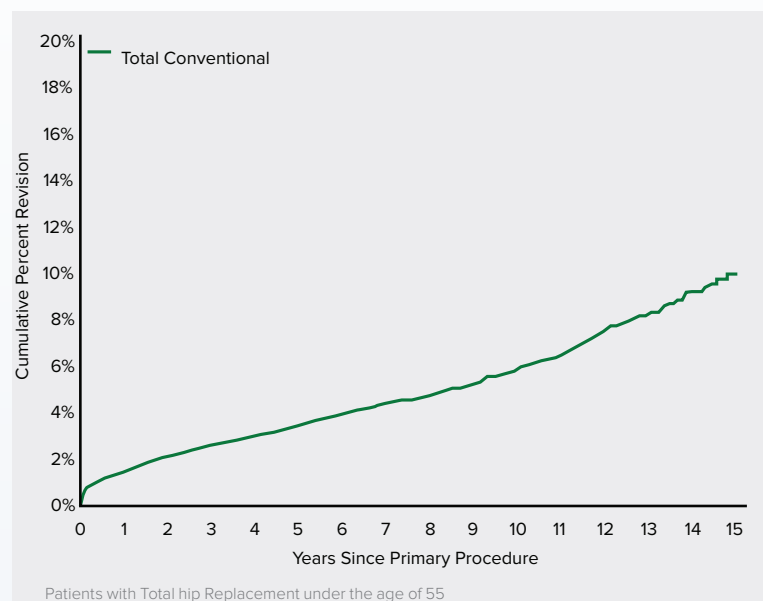


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What's new in Total Hip Replacement?

As most people would be aware Hips are the second most replaced joint, and most often for Osteoarthritis. Other conditions such as developmental disorders and Sero-positive arthritis are diminishing with better detection and medical treatment.



The numbers of hip replacements are steadily increasing at 2% per annum. The rate of hip replacement increased between 2004 and 2014 from 83 to 104 per 100,000 population.

The results, also are steadily improving, with survivorship of 90% at 15 years, National Joint Replacement Registry. I think it is fair to say, that if you have a well-functioning hip at 12 months, it should be the same at 20 years. This is largely down to improved bearing surfaces of ceramic and last generation hard plastics, both of which show minimal wear at 15 years.

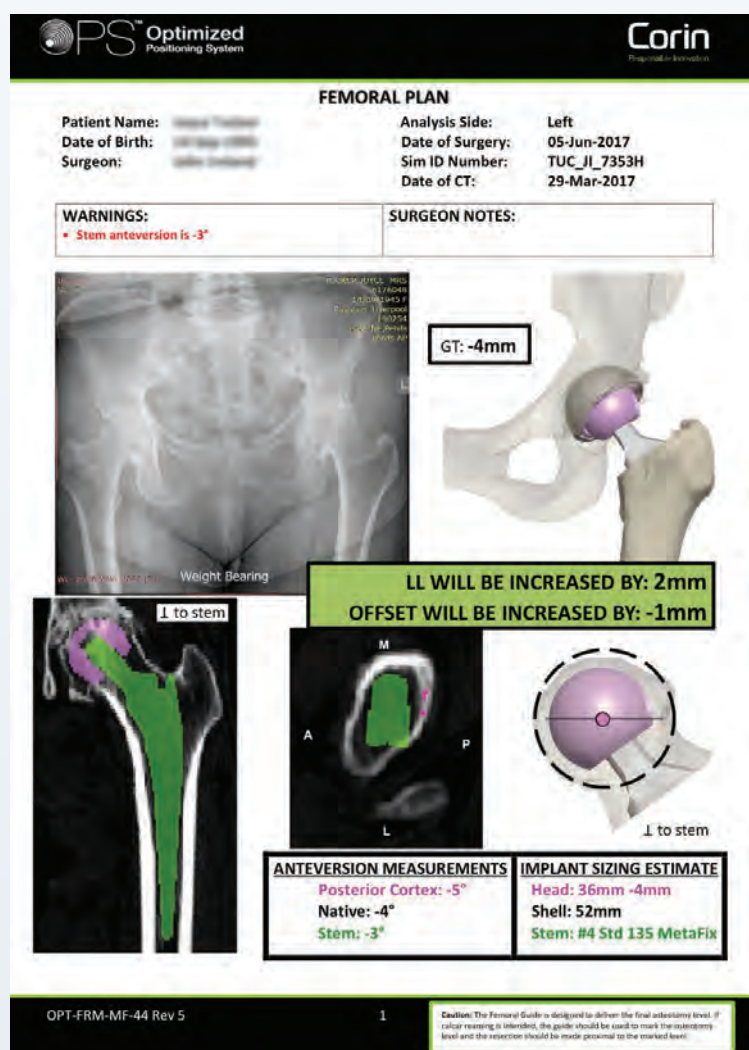
The trend towards less invasive surgery has had a few false starts over the last 20 years. Initially the emphasis was on small incisions but now we are hoping to achieve minimal tissue trauma, by operating between tissue planes, rather than by detaching muscles. There are several techniques which achieve this goal. The Anterior Technique has been popular in Europe for the last 20 years and has been refined over that period, to be reproducible and create minimal trauma. Several variations exist but all have been associated with a more rapid recovery when compared with traditional techniques. These techniques report less pain, quicker mobilisation, lower incidence of dislocation, less blood loss and subsequent need for transfusion.

This is not the whole story, because throughout the last decade the introduction of better pain management protocols, patient education programs, more rigid transfusion protocols and the use Tranexamic acid and fibrin sealants have helped reduce bruising, pain and aided early rehabilitation.

Recently, the goal has been to accurately re-establish the 3D spatial orientation of the joint.

This involves multiple techniques, including computerised preoperative templating, intra-operative devices for re-establishing leg length and hip offset and intra-operative imaging.

There are patient specific guides generated from computer models which can accurately cut the bones, and recently there has been the introduction of robotics. The latter is still in an early stage of utility, being expensive, awkward and time consuming to use. No doubt with development it will become more user friendly, much as computer navigation in the knee has become over the last 15 years. It is now possible in the non-dysplastic arthritic hip to achieve an accuracy within 5mm for leg length,



Computerised preoperative planning for patient specific guides



Robotics for component placement

femoral offset and hip centre of rotation. The impact this has on function is still being evaluated but intuitively, one would expect function closer to the native hip.

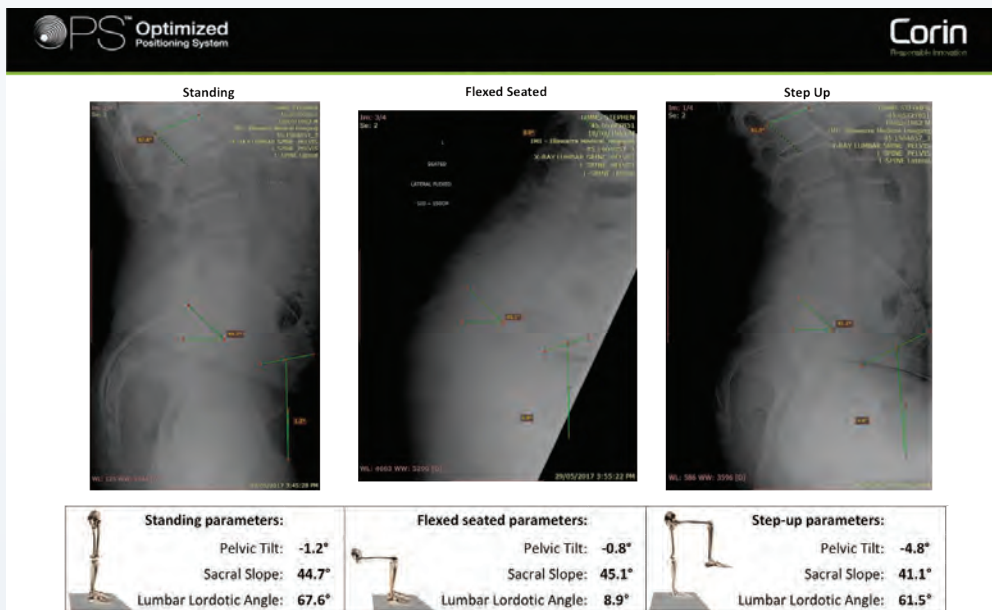
The next evolution of improving functionality has been to assess not only the anatomic orientation of the hip but the functional orientation. As we age, we lose flexibility in our spine, which most often manifests as a loss of lordosis, which means the acetabulum, goes from being perpendicular to the ground, when



Computer generated patient specific guides

we stand, to being more anteriorly orientated. This coupled with spinal surgery, scoliosis and leg length disorders alter the mechanical alignment of the hip and increase the risk of impingement, dislocation and abnormal wear. Radiological techniques are available to do functional assessments of the hip and suggest better orientation of the prosthetic components.

What I find very encouraging about all these developments, is that I am seeing an increasing number of people returning to work by 6 weeks, and returning for review at 12 months with no symptoms, a normal range of motion and gait. We have not solved every problem yet, but compared to hip replacement 20 years ago we have seen a transition from hoping to minimise pain, having variable success with functionality and resignation to eventual failure, to a potential for no pain, a normal gait and excellent survivorship.



Preoperative functional assessment of the hip joint



A/Prof John Ireland

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Maternity Unit Opens its Doors to the Community

Wollongong Private Hospital recently held a Maternity Open Day for expectant mothers and families planning for a new addition. The event gave prospective parents the opportunity to tour the maternity unit, meet the hospital's team of midwives and attend free information sessions hosted by Obstetricians Dr David Greening, Dr Simon Winder and Dr Dharmesh Kothari.

Attended by over 100 groups, the event was a great success. Feedback from attendees was consistently positive with over 70% of visitors giving an "Excellent" rating to the hospital, services and staff.



Tour of the Birthing Suite



Information sessions run by midwives and specialists



Visitors to the Maternity Open Day



Experience the comfort, luxury and the best of care

Having a baby is one of the most important events in your life. Our commitment to delivering supportive and quality care, together with a brand-new, state-of-the-art facility makes Wollongong Private Hospital the hospital of choice for many women and families in the Illawarra.

Call 02 **4286 1000** or visit wollongongprivate.com.au for more information
360 – 364 Crown St, Wollongong NSW 2500

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Illawarra Early Parenting Centre Opening in 2018

Figtree Private Hospital's new parenting support program is coming soon to the Illawarra. Our expert team offer care and compassion in helping families through common concerns including:

- Sleep & Settling
- Parental Exhaustion
- Skills Support
- Feeding
- Bonding & Attachment

Call 02 **4255 5000** or visit figtreeprivate.com.au for more information
1 Suttor Place, Figtree NSW 2525

 **Figtree Private Hospital**
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Coming Soon... The Illawarra Early Parenting Centre

Help is on the way for sleep deprived families, parents of fussy feeders and emotionally exhausted mums - Figtree Private Hospital will soon open the Illawarra's first inpatient postnatal support unit. The new service will also be the first of its kind available at a private hospital in NSW.

The Illawarra Early Parenting Centre will offer a local and easily accessible residential parenting support program for caregivers and infants, providing assistance with common parenting difficulties including:

- Sleep, settling and soothing
- Feeding
- Parental exhaustion and emotional distress
- Attachment and bonding
- Family adjustment
- Skills support

The specialised program combines one-on-one care and guidance with group education sessions, delivered by a caring and compassionate team of nurses, psychologists, paediatricians and lactation consultants.

Figtree Private Hospital is currently in negotiations with the NSW Ministry of Health and plans to open the Illawarra Early Parenting Centre in early 2018. To be the first to know when this service is accepting referrals, visit figtreeprivate.com.au and subscribe to receive our GP Newsletter by email.



Push Past Pain Rehabilitation for Chronic Pain Sufferers

Figtree Private Hospital's new inpatient Pain Management program supports patients who are suffering from chronic pain and require assistance to improve their quality of life.

The Push Past Pain program has been developed for patients that are:

- Experiencing Chronic Pain for longer than 3 months, or have had an acute exacerbation of chronic pain
- Suffering from conditions such as arthritis, neuropathic pain, chronic regional pain syndrome and fibromyalgia
- Recovering from a trauma, accident or injury
- Suffering from pain that has not been reduced by physiotherapy or medication

The hospital's one week Pain Management program brings together the expertise of our skilled specialists and rehabilitation professionals to create an individualised treatment plan for your patient combining the following:

- Specialist medical assessment including medication review and further investigations
- Counselling
- Development of a diet plan
- Physiotherapy
- Education
- Occupational therapy
- Referrals to other specialists and services if required

To arrange a quick admission for your patient, please contact Figtree Private Hospital's Clinical Services Manager directly on 02 **4255 5236** or visit figtreeprivate.com.au to download a referral form.

Intraoperative Ultrasound Aids Pancreatic Surgery

Newly accredited Upper GI surgeon, Dr Dragos Iorgulescu has successfully performed Wollongong Private Hospital's first surgery of the pancreas. Utilising new intraoperative ultrasound equipment purchased by the hospital, Dr Iorgulescu's patient underwent a laparoscopic distal pancreatectomy and splenectomy for treatment of a pancreatic tumour. The minimally invasive, yet complex procedure means that patients will experience a faster recovery time and potentially allows for preservation of the patient's spleen rather than a full removal.



Newly Accredited VMOs



Dr Robert Knight
Plastic and Reconstructive Surgery
Ph: 4228 1175

Dr Robert Knight is a fully trained specialist plastic, reconstructive and aesthetic surgeon with speciality interests in Craniomaxillofacial surgery, Reconstructive surgery, Paediatric surgery and Aesthetic plastic surgery. Dr Knight is happy to consult with patients in all areas of plastic and reconstructive surgery including Complex craniomaxillofacial syndromes and trauma, Orthognathic surgery, Cleft lip palate surgery, General plastic surgery, Surgical breast reconstruction, Lower limb reconstruction and Hand surgery.



Dr Grace Kiiru
Paediatrics
Ph: 4243 8991

Dr Grace Kiiru is a local female Paediatrician with over ten years experience in the public system. Her special interests include general paediatrics, neonatology, developmental paediatrics and behavioural concerns. She has a strong interest in promoting good health, growth and development in children of all ages.



Dr Pip Gale
Obstetrics & Gynaecology
Ph: 4288 8080

Dr Pip Gale is a local Obstetrician and Gynaecologist with special interests in general obstetrics, utero vaginal prolapse surgery and incontinence, abnormal pap smear management, menopause, abnormal bleeding, vaginal rejuvenation/restoration and labiaplasty. Dr Pip Gale is the first female gynaecologist in Australia to offer a new non-surgical treatment to help treat atrophic vaginitis, dyspareunia, stress incontinence and overactive bladder, called ThermiVa.



Dr Riton Das
Haematology
Ph: 4228 4955

Dr Riton Das' practice covers a wide range of haematological disorders including both malignant (lymphoma, myeloma, myelodysplasia, CML, CLL) and non-malignant disorders (DVT, PE, iron deficiency, iron overload, bleeding disorder). He is available to accept referrals relating to any haematological disorder including perioperative assessment and haematological issues with obstetric patients.



Dr Dragos Iorgulescu
General Surgery & Upper GI
Ph: 4429 1613

Dr Dragos Iorgulescu is a highly skilled General and Upper GI Surgeon with special interests in surgery of the digestive system. He provides a full laparoscopic and endoscopic service for gallstones, jaundice, liver and pancreas tumours, pancreatitis, gastric and oesophageal cancer and reflux disease. He also manages cancers and benign conditions of the oesophagus, stomach, small bowel, colon and rectum.



Dr Vaibhav Punjabi
Orthopaedics – Hip & Knee, Trauma
Ph: 8315 2899

Dr Vaibhav Punjabi is an Australian trained orthopaedic surgeon with a subspecialty interest in primary and revision hip and knee replacement and arthroscopic surgery. He specialises in surgery for sporting injuries such as adductor, hamstring and cruciate ligaments. He also treats upper and lower limb trauma injuries. Dr Punjabi is also accredited at Wollongong Public Hospital.



Dr Armand Borovik
Ophthalmology
Ph: 4229 9772

Dr Borovik is an Ophthalmic surgeon specialising in Cataract, Corneal and Refractive Surgery. His areas of interest include cataract surgery and refractive lens surgery, corneal transplantation including partial thickness techniques such as DALK and sutureless DMEK, sutureless pterygium surgery, Laser vision correction including custom LASIK and PRK, Implantable contact lenses, and keratoconus management including intracorneal ring segments and collagen cross linking.



Dr Gary Yee
General, Upper GI & Bariatric Surgery
Ph: 9553 1120

Dr Yee is a specialist trained Upper Gastrointestinal and Bariatric Surgeon with a strong interest in laparoscopic surgery and research. Since 2013 he has been working as a consultant surgeon at St George and Sutherland hospitals and Dr Yee now adds Wollongong Private Hospital to the list of facilities he accredited to perform surgery.



Dr Jason Maani
General, Upper GI & Bariatric Surgery
Ph: 9553 1120

Dr Jason Maani is a general surgeon with subspecialist training in advanced laparoscopic upper GI surgery and Bariatric surgery. He keeps abreast with developments in the field of minimally invasive Upper GI surgery, through research pursuits at the UNSW and frequently attends conferences both in Australia and internationally. He aims to provide unhurried personal care for his patients, combined with the best of modern medicine.



A/Prof Michael Talbot
Upper GI & Bariatric Surgery
Ph: 9553 1120

A/Prof Michael Talbot is a specialist in Upper Gastrointestinal Surgery, Bariatric Surgery, therapeutic endoscopy/ERCP, oesophageal physiology and reflux. During his career, Dr Talbot has been a pioneer of complex Bariatric Surgery in NSW. He offers the full range of endoscopic and surgical treatments for neoplasia in the oesophagus and stomach and is one of very few clinicians in Australia experienced in newly introduced endoscopic therapies to manage early tumours and oesophageal functional disorders.



Dr James Wykes
Head & Neck Surgeon
Ph: 4226 6111

Dr James Wykes is a Head and Neck Surgeon recently accredited at Wollongong Private Hospital. His areas of special interest include advanced skin cancers (BCC, SCC, melanoma), mouth, throat and jaw tumours (benign and malignant), salivary gland conditions, thyroid and parathyroid disease and microvascular reconstructive surgery of the head and neck.



Choosing route of hysterectomy – When is laparoscopy superior?

Background

Hysterectomy can be performed vaginally, abdominally, laparoscopically, or with robot-assisted laparoscopy. Hysterectomy can also be performed by combining two of these four routes. Hysterectomy has been associated with improvements in physical and mental quality-of-life measures, body image, and aspects of sexual activity, with few differences among surgical routes.

Broadly, hysterectomies are done for five major indications:

- Uterine fibroids
- Abnormal uterine bleeding
- Pelvic organ prolapse
- Pelvic pain or infection (e.g. endometriosis, acute/chronic pelvic inflammatory diseases)
- Malignant and premalignant disease

Choosing route of hysterectomy

Most major national and international organisations agree that vaginal hysterectomy is the preferred approach for most patients because of its documented advantages and relatively lower complication rates. If a vaginal hysterectomy is not feasible because of limited vaginal access, the size of the uterus, or major adhesive disease, then laparoscopic hysterectomy is performed. Hysterectomy by laparotomy is reserved for all other cases.

Factors influencing the decision include:

- Extent of gynaecologic pathology – What is the best access to appropriately treat the disease?
- Relative risks and benefits of hysterectomy route – Which technique is associated with the lowest risk of complication for this patient?
- Need to perform additional procedures – What is the best access for management of concomitant pathology?
- Patient preferences – Does the informed patient have a preference for hysterectomy approach?
- And, surgeon's competence, preference, and available support facilities

Laparoscopic hysterectomy

When vaginal hysterectomy is not possible, laparoscopic hysterectomy has several advantages over the abdominal route. A meta-analysis of 21 randomised trials that comprised of a variety of laparoscopic hysterectomy techniques, including laparoscopic-assisted vaginal hysterectomy, laparoscopic hysterectomy with a

vaginal cuff closure, total laparoscopic hysterectomy and single-port laparoscopic hysterectomy reported the following.

Outcomes favouring laparoscopic hysterectomy compared with abdominal hysterectomy:

- Quicker return to normal activities by over 15 days
- Shorter hospital admission by one to three days, depending on type of laparoscopic hysterectomy
- Reduction in wound or abdominal wall infection by approximately 70 percent

Laparoscopic approach can be very helpful and provide more information in certain conditions like:

- Hysterectomy in a patient with documented endometriosis
- Chronic pelvic pain, known pelvic adhesive disease
- Concurrent benign adnexal mass that requires removal
- Limited vaginal access, a fixed immobile uterus
- Multiple previous Caesarean sections
- And in those women who desire supracervical hysterectomy

While the current research suggests twofold increased risk of urinary tract (bladder or ureter) injuries and approximately 30 minute longer operative time for laparoscopic hysterectomy compared with abdominal hysterectomy, most trained laparoscopic surgeons who have crossed learning curve would agree that the operating time may even be shorter than abdominal hysterectomy if not the same.

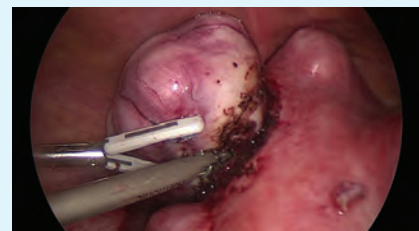
Single-port laparoscopic hysterectomy

Single-port laparoscopic hysterectomy is a modification where the hysterectomy is performed through single incision at the umbilicus with the aid of a multiport system. A randomized trial showed that pain scores at 24 and 48 hours and the amount of narcotic use were statistically lower but not clinically important. A study that surveyed women's preferences for minimally invasive incisions demonstrated that women prefer both single-site and traditional laparoscopic incisions over robotic incision.

Conclusion

While vaginal hysterectomy still remains gold standard and first choice of route in benign gynaecological diseases,

laparoscopic hysterectomy can replace most of abdominal hysterectomies and provides greater understanding and opportunity to treat various pelvic pathologies including chronic pain, endometriosis, adhesions from previous laparotomies.



A large fibroid uterus during laparoscopic hysterectomy

Dr Dharmesh Kothari

Obstetrics &
Gynaecology

The Private
Suite 503, Level 5
Wollongong Private
Hospital
360-364 Crown Street, Wollongong
NSW 2500
P: 02 4288 8080



GP Education Update – All Stitched Up

In October, Wollongong Private Hospital hosted the facility's first suture skills workshop for GPs. Run by Plastic Surgeon, Dr Adrian Sjarif, together with newly accredited Head and Neck Surgeon, Dr James Wykes, GPs were taught a range of simple suturing techniques and perfected basic skin closures.

The event was incredibly popular with the limited spaces booked out well in advance. Feedback from our GPs was positive with many attendees noting that this was the hospital's best GP education event of the year!

Visit wollongongprivate.com.au to view upcoming GP Education events at the hospital.



Cervical Screening & Renewal of the National Cervical Screening Program

In Australia cervical cytology remains a cost effective test for reducing incidence and mortality of cervical cancer by the detection and subsequent treatment of its precursors.

General practitioners have a great role in recruitment of women who have never been screened or under screened.

Renewal of the national cervical screening program

The cervical screening program will change from every 2 years pap smear for women aged 18-69 to a **5 yearly HPV test** for women aged 25-74 years.

So the major change in clinical practice is that conventional cytology is replaced by HPV testing and LBC for follow up of women with histologically confirmed LGSIL CIN1. The high negative predictive value of HPV testing allow a significant proportion of women to return to routine cervical screening earlier than was possible under the pre renewed NCSP.

Women with a positive oncogenic HPV (16/18) test result and reflex LBC prediction of pHSIL/HSIL should be referred for colposcopic assessment at the earliest opportunity, ideally within 8 weeks.

Women with positive HPV 16,18 and negative LBC, repeat HPV test in 12 months by medical practitioner. If the result is again positive then for colposcopy.

Management after repeat HPV test at 12 months, following initial positive oncogenic HPV (not 16/18) test result.

At repeat HPV testing 12 months after a positive oncogenic HPV (not 16/18) test result with reflex LBC negative or pLSIL/LSIL:

- If a woman has a positive oncogenic HPV (any type) test result, reflex LBC will be performed and she should be referred for colposcopic assessment
- If oncogenic HPV is not detected, the woman should be advised to return to routine 5-yearly screening.

Women with HPV 16&18 positive with LBC showing invasive squamous cell carcinoma or glandular lesion should be referred to Gynaecology oncology ideally in 2 weeks. Total hysterectomy after completed Test of Cure.

Women who have had a total hysterectomy with no evidence of cervical pathology, have previously been successfully treated for histologically confirmed HSIL and have completed Test of Cure, do not require further follow-up. These women should be considered as having the same risk for vaginal neoplasia as the general population who have never had histologically confirmed HSIL and have a total hysterectomy.

If unexpected LSIL or HSIL is identified in the cervix at the time of hysterectomy, then these women require follow-up with an annual co-test on a specimen from the vaginal vault until they have a negative co-test on two consecutive occasions. Total hysterectomy after adenocarcinoma in situ (AIS)

Women who have had a total hysterectomy, have been treated for AIS, and are under surveillance, should have a co-test on a specimen from the vaginal vault at 12 months and annually thereafter, indefinitely.[†]

Women who have a total, hysterectomy as completion therapy or following incomplete excision of AIS at cold-knife cone biopsy or diathermy excision, should have a co-test on a specimen from the vaginal vault at 12 months and annually thereafter, indefinitely.

Positive oncogenic HPV (not 16/18) test result with LBC pHSIL/HSIL or any glandular abnormality in pregnancy

Screening in pregnant women

Positive oncogenic HPV (not 16/18) test result with LBC negative or pLSIL/LSIL in pregnancy.

Pregnant women who have a positive oncogenic HPV (not 16/18) test result with a LBC report of negative or prediction of pLSIL/LSIL should have a repeat HPV test in 12 months.

Pregnant women who have a positive oncogenic HPV (not 16/18) test result with a LBC prediction of pHSIL/HSIL or any glandular abnormality should be referred for early[†] colposcopic assessment.

Primary HPV screening will commence from 1st of December 2017.

The major changes in new cervical screening program (NCSP)

1. Five yearly cervical screening using a primary HPV test with partial HPV genotyping and reflex liquid based cytology LBC triage for HPV vaccinated and unvaccinated women 25-69 years of age with exit of testing at the age of 74 years.
2. Self-collection of HPV samples for an under screened or unscreened women which has been facilitated by a medical practitioner or a nurse.
3. Invitation and reminder to be sent to women 25-69 years and exit communication to be sent to women at the age of 70-74 years.
4. National cancer screening registry, will be introduced in 2017 and all colposcopy will be sent to the registry for benchmarking and quality assurance.
5. Delisting of existing cervical test MBS item
6. There is strong evidence that the proposed change in screening will result in further 30% reduction in the cervical cancer overtime.



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Haematology Service launches at Wollongong Private

This year Wollongong Private Hospital has further expanded its cancer care services with the addition of a Haematology service at the hospital's Day Oncology Unit. The service caters for a wide range of haematological disorders including both malignant and non-malignant disorders.

The unit offers a personable service for both patients and GPs alike with our Haematologists easily accessible to GPs and willing to discuss patient's progress and queries at any time.

Treatment is delivered in a relaxed, supporting and welcoming atmosphere by a team of caring and compassionate professionals.



Post Discharge Pharmacy Services

Ramsay Pharmacy understands that the transition from hospital to home is a difficult one and can often be confusing for patients.

Ramsay Pharmacy has developed the Patient Care Program, offering professional advice and added support to patients following discharge from Wollongong Private Hospital. The complimentary service includes medication support and free Webster packing of medications with delivery from Thirroul to Shellharbour. Patients are also provided counselling on discharge. Four weeks post-discharge a Ramsay Pharmacist will provide a support call to the patient offering further assistance and facilitating a home medicines review.

At Ramsay Pharmacy, we believe in providing better care for your patients.

Visit Ramsaypharmacy.com.au for more information.



Lawrence Hargrave Private Hospital Welcomes New Executive Staff



Chief Executive Officer / Director of Clinical Services

After 20 years leading Lawrence Hargrave Private Hospital, CEO Robyn Ashe, has announced her retirement. Steven Rajcany has been appointed as the hospital's new CEO / DCS. Steven joins the Lawrence Hargrave Private Hospital team with strong experience managing both regional and metropolitan hospitals, having held CEO positions at other Ramsay Health Care facilities since 2008. During his career, Steven has commissioned and managed a variety of private hospital services including surgical, medical, rehabilitation, mental health and maternity. He is currently also the CEO of Kareena Private Hospital and Kingsway Day Surgery in the Sutherland Shire.



Assistant DCS / Clinical Operations Manager

Lawrence Hargrave Private Hospital also welcomes Michelle McDonnell as Assistant DCS / Clinical Operations Manager. Michelle has worked for Ramsay Health Care since 2001, having held positions of Rehabilitation Unit NUM at Kareena Private Hospital and most recently Kingsway Day Surgery Manager. She has strong knowledge of rehabilitation services and sound business experience having led Kingsway Day Surgery through its conception and significant growth period.

Treatment for Hyperhidrosis

Hyperhidrosis is pathological sweating which can occur anywhere in the body but typically affects the palms and axillae. It is caused by a dysregulation in the sympathetic nervous system and may be idiopathic or have a secondary cause such as hyperthyroidism. It can be an extremely debilitating medical condition and can severely impact upon a person's work and lifestyle.

Hyperhidrosis may present with excess sweating for more than 6 months when 2 or more of the following is applied:

- Bilateral symmetrical sweating
- Impairment of daily activities
- At least one episode per week
- Onset before 25 years of age
- Positive family history
- Focal sweating that ceases during sleep

Treatment Options

There are non-surgical treatments including:



- Antiperspirants
- Iontophoresis
- Botox
- Sweat gland ablation
- Medications (eg. Anticholinergics)

When the treatments listed above are not working, there is the option of surgery.

Thoroscopic sympathectomy is a definitive procedure to treat essential palmar and axillary hyperhidrosis. It is safe and effective, involving ablation of the thoracic ganglia responsible for palmar or axillary hyperhidrosis. It has a very high success rate.

The procedure is minimally invasive and involves the insertion of two small ports within the chest cavity. A camera is used to enable the visualisation of the bundle of nerves known as the sympathetic chain. These nerves control the sweating reflex. Division of the nerves is achieved using cautery.

For palmar hyperhidrosis ablation is at the level of T2-T3. For axillary hyperhidrosis, ablation is at T3-T4. If the patient suffers from both palmar and axillary hyperhidrosis then levels T2 to T4 are ablated.

While most patients can undergo thoroscopic sympathectomy, there are a number of contraindications that should be considered.

These include:

- Previous chest surgery
- Conditions that cause pleural adhesions or scarring

Recovery

The procedure is usually performed as a day procedure or with an overnight stay in hospital.

The most common complication is compensatory sweating; this usually resolves spontaneously, although the time frame is variable and may take several months. Rare complications include pneumothorax and Horner's syndrome.

Results

Best results and levels of satisfaction for thoroscopic sympathectomy are obtained in patients with palmar hyperhidrosis. However, good results can also be obtained in patients with axillary hyperhidrosis.

References:

Solish N, Bertucci V, Dansereua A, et al. A comprehensive approach to the recognition, diagnosis, and severity-based treatment of focal hyperhidrosis: Recommendations of the Canadian Hyperhidrosis Advisory Committee. *Dermatol Surg* 2007;33:908–23

Haider A, Solish N. Focal hyperhidrosis: diagnosis and management. *Can Med Assoc J* 2005;172:69–75.



Dr Tam Nguyen
Vascular Surgeon

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Calling all GPs

Wollongong Private Hospital is looking for GPs interested in providing surgical assistance in theatres.

To discuss the opportunities available, please contact Kelly Garvey on **0439 070 220**

Abdominal Based Breast Reconstruction

Wollongong Private Hospital has recently commenced offering Abdominal Breast Reconstruction surgery to patients. Dr Adrian Sjarif performs the procedure at Wollongong Private Hospital, St George Private Hospital and Kareena Private Hospitals.

What is it?

Abdominal based breast reconstruction is one way in which a breast can be created to replace a breast that is removed following a mastectomy. The procedure involves removing a flap of skin and fat from the abdomen and then transferring it to the chest to create a breast mound. A more complex group of procedures than implant based breast reconstruction, it requires microsurgical techniques to join small blood vessels in the chest (artery and vein) to ensure the flap's survival.

Flap Types

There are two types of abdominal based breast reconstruction – TRAM and DIEP flaps. A TRAM (Transverse Rectus Abdominis Myocutaneous) flap contains skin and fat from the lower abdomen as well as the rectus abdominis muscle. A DIEP (Deep Inferior Epigastric Artery Perforator) flap contains the same skin and fat but leaves the rectus abdominis muscle intact. Rather than taking the whole muscle as with a TRAM flap, in a DIEP flap, the small perforating blood vessels are separated out from within the muscle tracing them down to the main pedicle (Deep Inferior Epigastric Artery). Not all women will have sufficient perforating vessels, and a specialised CT scan may be performed prior to the operation to assess the status of these vessels prior to surgery.

Why a DIEP flap over TRAM

The benefit of a DIEP over a TRAM flap breast reconstruction is that the abdominal muscles are largely left intact with a DIEP flap – this may lead to a slightly lower risk of a hernia down the track. Not all women however will have the sufficient abdominal blood supply for a DIEP, and in these situations it is usually possible to perform a Muscle Sparing TRAM (msTRAM) flap which results in a much lower risk of hernia than that when the whole muscle is harvested.

Who is it for?

Any woman who is considering a breast reconstruction after mastectomy is likely a good candidate for a DIEP/ TRAM flap. It is particularly useful in women who have had radiation treatment to the chest or are likely to need radiation treatment to reduce the risk of the breast cancer coming back. The use of breast implants under irradiated skin has a much higher risk of complications (30-50%). These complications include infection, capsular contracture, implant failure and poor cosmetic outcomes.

Women who do not like the idea of having an artificial silicone implant in their body are excellent candidates for an abdominal based breast reconstruction.

Women who have sufficient abdominal tissue for a breast reconstruction are excellent candidates for this procedure.

Benefits of Abdominal Flaps over Implants

Breast reconstruction using implants is an excellent reconstructive option for many women and remains the most common technique used for the majority of women considering reconstruction. However, in women who are candidates for abdominal based breast reconstruction, this technique offers several advantages over implants:

1. No implant associated complications – silicone implants are a foreign material and as such can cause problems such as infection, extrusion and capsular contracture. The risk of these problems is higher in radiated chests but can occur in non-irradiated tissues. Implants may need to be replaced after 10-15 years
2. Because abdominal tissue is taken from the patient's own body, there are no problems with rejection and the reconstructed breast behaves like a normal breast does – the size will generally fluctuate as the woman's weight fluctuates. The reconstructed breast will sit more naturally than

an implant-reconstructed breast generally will – this means that it is likely to be more similar in shape to the normal breast.

3. Abdominal flaps are an ideal reconstruction in the setting of radiotherapy when complications associated with implants are significantly higher
4. The abdominal donor site is very acceptable with the scar usually hidden within normal underwear - the patient also receives the benefit of an abdominoplasty in addition to a breast reconstruction

Disadvantages of Abdominal Based Breast Reconstruction

TRAM/ DIEP flaps are significantly more complex than implant based breast reconstruction. The operations are generally longer, and post-operative recovery tends to be longer also. This usually means longer time off work and restriction on exercises for several weeks.

There is a small risk of flap loss (<1%) due to problems related to the microsurgical joining of the blood vessels.

There can be potential problems related to the donor site on the abdomen including infection, wound healing problems, abdominal bulge and hernia.



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ezifind

Visiting Medical Specialist

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 Hospital Facsimile
02 4286 1001
 Operational Manager
02 4286 1237
 Day Surgery Unit
02 4286 1055
 Intensive Care Unit
02 4286 1059
 Maternity Unit
02 4286 1077

BARIATRIC SURGERY

Dr Ulvi Budak	02 4229 6355
Dr James Chau	02 9525 5322
Dr Mouhannad Jaber	02 4226 2660
Dr Jason Maani*	02 9553 1120
A/Prof Michael Talbot*	02 9553 1120
Dr Gary Yee*	02 9553 1120

BREAST SURGERY

Dr Allan Mekisic	02 4227 4600
Dr Tony Palasovski	02 4228 1088

CARDIOLOGY – INTERVENTIONAL

Dr Krishna Kathir	02 4227 1840
A/Prof Astin Lee	02 4227 1840
A/Prof William McKenzie	02 4226 1181
A/Prof Tuan Nguyen-Dang	02 4228 1623
Dr Pratap C. Shetty	02 4227 1840
Dr Aaron Yeung	02 4227 1840

CARDIOLOGY – GENERAL

Dr Divina Brillante	02 4228 1623
Dr Jayesh Gohil	02 4228 4955
Dr Ali Sephapour	02 4227 1840
A/Prof Edward Vogl	02 4227 2022

CARDIOTHORACIC SURGERY

Dr Robert Costa	02 4228 4377
Dr Jon Ryan	1300 225 138
Prof. Michael Valley	02 9422 6090

COLORECTAL SURGERY

Dr Murtaza Jamnagerwalla	02 4228 1088
Dr Andrew Malouf	02 4228 0586
Dr Soni Putnis	02 4226 6111
Dr Andrew Still	02 4226 6111
Dr Robert Winn	02 4229 7470

DENTAL SURGERY - PAEDIATRIC

Dr Jason Michael	02 4204 1890
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ENDOCRINOLOGY

Dr Zoran Apostoloski	02 4228 4955
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ENT SURGERY

Dr Stuart MacKay	02 4226 1055
Dr Stephen Pearson	02 4226 1055
Dr Ekrem Serefi	02 4225 7744
Dr Sharad Tamhane	02 4228 3488

GASTROENTEROLOGY

Dr Shehan Abey	02 4210 7912
Dr Yew Chieng	02 4222 5180
Dr Peter Cusick	02 4226 5499
Dr Thomas Lee	02 4285 1222
Dr David Swartz	02 4296 9044
Dr Ivan Valiozis	02 4222 5499

GENERAL SURGERY

Dr Bruce Ashford	02 4226 6111
Dr Jai Seema Bagia	02 4227 3733
Dr Ulvi Budak	02 4229 6355
Dr James Chau	02 9525 5322
Dr Dragos Iorgulescu*	02 4429 1613
Dr Mouhannad Jaber	02 4226 2660
Dr Murtaza Jamnagerwalla	02 4228 1088
Dr Jason Maani*	02 9553 1120
Dr Mario Malkoun	02 4243 9900

Dr Andrew Malouf	02 4228 0586
Dr Allan Mekisic	02 4227 4600
Dr Tony Palasovski	02 4228 1088
Dr Soni Putnis	02 4226 6111
Dr Robert Winn	02 4229 7470
Dr Gary Yee*	02 9553 1120

GYNAECOLOGY

Dr Clieve J. McCosker	02 4226 1288
Dr Bindu Murali	02 4225 1999
Dr Lionel Reyftmann	02 4226 2844

GYNAECOLOGY & OBSTETRICS

Dr Tahir Basheer	02 4226 2844
Dr Keith Coleman	02 4225 3555
Dr Warren Davis	02 4271 5440
Dr Pip Gale*	02 4288 8080
Dr David Greening	02 4271 3900
Dr Dharmesh Kothari	02 4288 8080
Dr John Walton	02 4228 9411
Dr Simon Winder	02 4226 6007

MEDICAL ONCOLOGY

Dr Morteza Aghmesheh	02 4285 1222
Dr Daniel Brungs	02 4222 5200
Prof. Philip Clingan	02 4227 3733
Dr Amanda Glasgow	02 4227 4004
Dr Ali Tafreshi	02 4225 1133

HEAD & NECK SURGERY

Dr Bruce Ashford	02 4226 6111
Dr Stuart MacKay	02 4226 1055
Dr Stephen Pearson	02 4226 1055
Dr James Wykes*	02 4226 6111

NEONATOLOGY & PAEDIATRICS

Dr Jeffrey Brereton	02 4229 5925
Dr Philip Goodhew	02 4229 8993
Dr Grace Kiuru*	02 4243 8991
A/Prof. Peter Kristidis	02 4226 9002
Dr Terry Sands	02 4226 6376

NEPHROLOGY

Dr Jane Holt	02 4222 5443
Dr Asrar Khan	02 4288 8080

NEUROLOGY

A/Prof John Carmody	02 4225 1133
Dr Robert McGrath	02 4228 9699
Dr David Serisier	02 4228 0111
Dr Sanjeev Taneja	02 4253 4430

NEUROSURGERY

Dr Ravi K. Cherukuri	02 4210 7870
Dr Michael Davies	02 4228 0460
Dr M. Jerry Day	02 4229 2255
A/Prof. Matthias Jaeger	02 4227 4363
Dr Peter Moloney	02 4228 0460

OPHTHALMOLOGY

Dr Smita Agarwal	02 4227 6388
Dr Armand Borovik*	02 4229 9772
Dr Alan Flax	02 4229 9772
Dr Freny Kalapesi	02 4227 6388
Dr John Lee	02 4226 1553
Dr Harry Leung	02 4229 9772

ORAL SURGERY

Dr Michael Walsh	02 4297 1955
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ORAL & MAXILLOFACIAL SURGERY

Dr Anthony Bertram	02 9543 8380
Dr Robin D'Rozario	02 4227 5771
Dr Sami Haddad	02 4225 1600
Dr Anthony Oliver*	02 4225 0125
Dr Peter Vickers	02 4225 1600

ORTHOPAEDICS – GENERAL

Dr Yiu Key Ho	02 4229 9181
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ORTHOPAEDICS – HAND & WRIST

Dr Agus Kadir	02 4229 9116
Dr John Tawfik	1300 829 345

ORTHOPAEDICS – HIP & KNEE

Dr Aziz Bhimani	02 4229 9116
A/Prof John Ireland	02 9821 2599
Dr Anthony Leong	02 4229 5992
Dr Fred Nough	02 4229 5992
Dr Vaibhav Punjabi*	02 8315 2899
Dr Hamish Rae	02 8005 5111
Dr Gregory Stackpool	02 4229 9116

ORTHOPAEDICS – FOOT & ANKLE

Dr Anthony Cadden	02 4210 7870
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ORTHOPAEDICS – SHOULDER

Dr Mark Haber	02 4229 5992
A/Prof John Ireland	02 9821 2599

ORTHOPAEDICS – TRAUMA

Dr Vaibhav Punjabi*	02 8315 2899
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ORTHOPAEDICS – UPPER LIMB

Dr Stuart Jansen	02 4229 9116
Dr Agus Kadir	02 4229 9116
Dr Hamish Rae	02 8005 5111

PALLIATIVE CARE

Dr Gregory Barclay	02 4223 8380
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PHYSICIANS - GENERAL

Dr Christopher Dunn	02 4228 5564
Dr Stephen Etheredge	02 4228 4377
Dr Graham Hart	02 4226 6980
Dr Leonard Harvey	02 4229 9425
Dr Roman Jaworski	02 4226 6800

PHYSICIANS - GERIATRICS

Dr Ramesh Fernando	02 4228 4955
Dr Paul Pearson	02 4255 5148
Dr Jan Potter	02 4222 5035

PHYSICIANS - HAEMATOLOGY

Dr Riton Das*	02 4228 4955
Dr Raj Ramakrishna	02 4229 9400
Dr Chee Vun	02 4224 7474
Dr Pauline Warburton	02 4253 4009

PHYSICIAN – INFECTIOUS DISEASES

Dr Niladri Ghosh	02 4222 5898
Dr Spyridon Miyakis	02 4221 3818

PHYSICIANS – PAIN MANAGEMENT

Dr Guy Bashford	02 4267 2 811
Dr Roman Jaworski	02 4226 6800

PHYSICIANS - RENAL

Dr Abrar Ali*	02 4295 2500
Dr Johanna Kohlhaagen*	02 4222 5443
A/Prof. Graham Hart	02 4226 6980
Dr Ajay Purushottam*	02 4228 4955
Dr Cheng Wen	02 4222 5443

PHYSICIANS - RESPIRATORY

Dr Christopher Dunn	02 4228 5564
A/Prof. Graham Hart	02 4226 6980
Dr Andrew Jones	02 4226 6980
Dr Peter Marantos	02 4225 2221

PHYSICIANS – REHABILITATION

Dr Guy Bashford	02 4267 2811
Dr Ian Davidson	02 4229 2134
Dr Juliani Rianto	02 4255 5000
Dr Anthony Suen*	02 4255 5000

PHYSICIANS - RHEUMATOLOGY

Dr Roman Jaworski	02 4226 6800
Dr John Riordan	02 4226 1180

PLASTIC SURGERY

Dr Peter Haertsch	02 9868 5155
Dr Robert Knight*	02 4228 1175
Dr Adrian Sjarif	02 4226 6111

RADIATION ONCOLOGY

A/Prof. Andrew Miller	02 4222 5200
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REPRODUCTIVE MEDICINE

Dr David Greening	02 4271 3900
Dr Christopher James	02 4228 5455
Dr Lionel Reyftmann	02 4226 2844

THYROID SURGERY

Dr Bruce Ashford	02 4226 6111
Dr Stuart MacKay	02 4226 1055
Dr Allan Mekisic	02 4227 4600
Dr Stephen Pearson	02 4226 1055

UPPER GI

Dr Jai Seema Bagia	02 4227 3733
Dr Ulvi Budak	02 4229 6355
Dr James Chau	02 9525 5322
Dr Dragos Iorgulescu*	02 4429 1613
Dr Mouhannad Jaber	02 4226 2600
Dr Jason Maani*	02 9553 1120
A/Prof Michael Talbot*	02 9553 1120
Dr Gary Yee*	02 9553 1120

UROLOGY

Dr Peter Chin	02 4271 6644
Dr Elizabeth Dally	02 4271 6644
Dr Paul Kovac	02 4271 6644
Dr Spencer Murray	02 4271 6644
Dr Rahul Rindani	02 4271 6644
Dr Timothy Skyring	02 4271 6644
Dr Matthew Threadgate	1300 247 008

VASCULAR SURGERY

Dr Andrew Bullen*	02 4226 9333
Dr David Huber	02 4226 9333
Dr Richard Kerdic	02 4226 9333
Dr Tam Nguyen	02 4226 9333
Dr Arthur Stanton	02 4229 9466
Dr Laurencia Villalba	02 4226 9333

* Newly accredited at Wollongong Private Hospital

Please note, this is not a comprehensive list of specialists with visiting rights to this hospital. Please contact Wollongong Private Hospital on 02 4286 1000 to ascertain if your preferred specialist is accredited at the hospital. General Practitioner (GP) referral is required in order to facilitate specialist consultations.



Wollongong Private Hospital

Part of Ramsay Health Care