

the medical link

July — August 2020



**SOUTH COAST
RADIOLOGY**

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THE OFFICIAL PUBLICATION
OF THE GOLD COAST MEDICAL ASSOCIATION INC.
PUBLISHED BY SWAN MANAGEMENT



BULK BILL ULTRASOUND

South Coast Radiology is pleased to announce the continuation of our ultrasound bulk bill initiative to support our referrers, while reducing the financial pressure COVID-19 has placed on the communities we serve. The wellbeing of our patients, our staff, and vital support for our referrers continues to be our utmost priority.

SOUTH COAST RADIOLOGY'S ULTRASOUND BULK BILL INITIATIVE

As many people across the Gold and Tweed Coast regions have been impacted by COVID-19, we have taken a leading position to support our patients and referrers during these difficult times and are Bulk Billing ultrasound scans and ultrasound guided procedures at all South Coast Radiology practice locations.

This continued temporary bulk bill initiative introduced 6th April 2020 underscores our commitment to support the financial health and well-being of our community during these trying times. Our core value as an organization is simply: patients first.

Please note:

- * Bulk bill ultrasound available at all South Coast Radiology sites
- * Patients must have a valid Australian Medicare Card and scans must be covered under the Medicare Benefits Scheme

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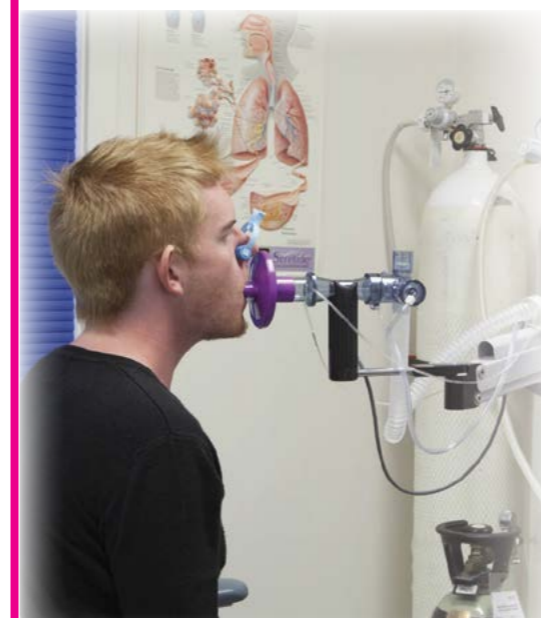


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A message from the **GCMA President**

Dear Doctor Colleagues,

This unusual journey with the Covid-19 pandemic continues to surprise us. We have done very well in Queensland with a lower than expected infection rate and few hospital admissions. While some patients have needed ICU care, we have been blessed in that no patient has died from this virus here on the Gold Coast. This result has been in no doubt due to the wise advice and diligent efforts of our public health experts, the forward planning and preparation of our public and private hospital services, the valuable contribution of our general practice and specialist colleagues, and the wonderful cooperation of our Gold Coast community in following the health advice.

But as the recent outbreak of infections in Victoria has shown, we cannot be complacent. The virus can rear its ugly head at any time and we must be vigilant in order to stop a spike of infections. The release of restrictions must be done cautiously and while this can be frustrating the reward of a virus suppressed environment will be worthwhile. I am confident any outbreaks that may occur on the Gold Coast will be well managed and controlled by our public health services.

We hope a vaccine is developed to protect the population against this virus. But this is not certain. In the meantime I suspect we will get better at living with the Covid-19 virus and limiting its effect on our health and our economy. This will require changes in community behavior to prevent spread of the virus to be consolidated.

During the pandemic the GCMA has been active. We have continued our Thursday evening monthly meetings, at this time via Zoom webinars! In April we invited members to discuss how they and their patients were coping with Covid-19. In May Dr

Andre Wattiaux, senior public health physician, addressed us on the epidemiology and public health response to the pandemic. In June Dr John Gerrard, senior infectious diseases physician, spoke to us on the nature of the Covid-19 virus, the treatment of this illness, and the way forward including vaccines. The GCMA has provided important information to our members on health notices about the pandemic in Queensland and how to source personal protective equipment. The GCMA has contributed speakers to webinars run by the Gold Coast Primary Health Network on various aspects of the pandemic.

If the Queensland response to the pandemic continues to be successful, we plan to hold our last Zoom webinar on Thursday 16 July. I hope we can then meet face-to-face for our next monthly meeting in August. Email notices will be sent to members with the details as they come to hand. The postponed AGM is likely to be held in September or October.

I would like to thank our executive committee for their hard work and support throughout this period. And special thanks to our administrative secretary, Serena Mills too. Please encourage your medical colleagues to join the GCMA. It is very easy – go to the GCMA website membership form section at <https://www.gcma.org.au/becoming-a-member>.

I look forward to seeing you at our next meeting.

Yours sincerely,

Prof Philip Morris
President GCMA

Dr Greg Seeley

has been practicing
Clinical Haematology at the
Gold Coast/Tweed Heads
for more than 24 years.

His particular areas of interest are:

- Leukaemia
- Lymphoma
- Myeloma
- Venous Thrombosis
- Pregnancy Associated Haematology

He is the Senior Visiting Medical Officer - Haematologist at the Gold Coast University Hospital thereby providing clinical inpatient/ outpatient treatment at both public and private hospitals.

Greg has a dedicated history of providing an efficient, comprehensive and patient focused Clinical Haematology service for Gold Coast and Tweed/Northern Rivers patients & their families.

Please contact Greg by either phone on 0419 667943 or via Medical Objects for any haematology advice.

DR GREG SEELEY

MBBS Hons. (1st Class) (QLD),
FRACP, FRCPA

CLINICAL HAEMATOLOGIST

OUTPATIENT CLINICS:

**Gold Coast Haematology Outpatient Clinic
Gold Coast Private Hospital**
Suite 17, Ground Floor
14 Hill Street
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Dr Brent McMonagle
MBBS, PhD, FRACS (ORL)



Dr Brent McMonagle is an ENT surgeon on the Gold Coast with sub-specialty training in otology, neurotology, sinus and skullbase surgery. He has strong research and teaching interests at Griffith and Bond Universities.

He has just commenced work on olfactory cell transplants in spinal cord repair, continuing the pioneering work of Prof Alan Mackay-Sim, Australian of the Year 2017, as well as further research in peripheral nerve repair and regeneration.

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Keeping the medical community informed

The Medical Link enriches the Gold Coast medical community by uniting the voice of its doctors.

Here you will find insightful stories and the latest trends in field research conducted abroad, and of course, right here on the Gold Coast. Keep informed of new health services, developments in the medical profession, and general interest items.

We invite you to submit your company updates, new recruits and promotions to info@themedicallink.com.au

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Stereotactic Radiotherapy – Changing Treatment Paradigm for Patients

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Dr Alex Dorrington

BSc MBBS (Qld) FRACP

Gastroenterology & Hepatology



Alex provides comprehensive, personalised and patient-focused care in gastroenterology and hepatology. He is a visiting medical officer at Pindara and Gold Coast Private Hospitals, as well as a part-time staff specialist at Gold Coast University Hospital.

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3D Mammography Breast Tomosynthesis at South Coast Radiology

South Coast Radiology's recent investment in the most advanced and accurate diagnostic 3D Mammography Breast Tomosynthesis across our entire fleet places us as leaders in specialised Women's Imaging services.

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3D Mammography is the latest, most advanced technology for early detection of breast cancer, and when compared to normal mammography, 3D Mammography is:

- 27% more effective at detecting breast cancers
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Ultrasound evaluation provides complimentary imaging for breast morphological assessment and with the combination of both techniques, sensitivity reaches 90%.

South Coast Radiology 3D Mammography:

- All mammograms read by two specially trained breast radiologists
- Available for both screening and diagnosis

- Exceptional image quality for greater diagnostic confidence
- Applicable across all age groups, particularly good for younger women and women with dense breasts
- Low dose digital technology for greater clarity in dense breasts, greater accuracy in characterising abnormalities and earlier detection of breast cancer

All mammograms performed at South Coast Radiology are double read by two speciality trained women's imaging breast radiologists.

3D Mammography Breast Tomosynthesis is available at the below SCR locations:

- The Women's Imaging Centre, Premion Building Southport
- Robina, HQ Building
- Tweed Heads, Tweed Day Surgery & Specialist Centre
- Hope Island, My Healthcity



Dr Robert Bourke Retinal & Cataract Surgeon Macula, Vitreous, Retina & General Ophthalmology

Dr Bourke is one of very few ophthalmologists who manage all complexities of cataract, macular and vitreoretinal eye surgery. After completing his Bachelor of Medicine and Bachelor of Surgery in 1984, Dr Bourke furthered his experience by completing two Vitreoretinal-Macular-Cataract Fellowships at Moorfields Eye Hospital (London) and St Paul's (Liverpool UK) between 1991-95. Dr Bourke is a fellow of RANZCO and has authored several peer-reviewed journal articles and has been a guest lecturer at both national and international conferences. Dr Bourke has served the Gold Coast community since 1996 specialising in complex cataract, macular and vitreoretinal diseases.



Dr Lewis Lam Retinal & Cataract Surgeon Macula, Vitreous, Retina & General Ophthalmology

Dr Lam is a vitreoretinal specialist with a special interest in cataract surgery. While he underwent his vitreoretinal fellowship in NZ, he also undertook a diploma in laser refractive and cataract surgery with the University of Sydney. In addition to managing routine cataracts, he is adept at managing complex surgeries of the globe. In terms of general ophthalmology, he deals with macular degeneration, retinal vascular diseases, diabetes, uveitis, glaucoma, pterygium, trauma, and lid surgeries. Dr Lam also offers **evening clinics on Thursdays** till 8 pm and emergency weekend clinics. He is fluent in English and Mandarin and is happy to consult in either language as needed.



Dr Sharon Morris Cataract, Oculoplastics & General Ophthalmology

Dr Morris is an accomplished and friendly Eye Specialist and Oculoplastic Surgeon. After completing her training in the United Kingdom, she worked as a consultant at Moorfields Eye Hospital, a world leading eye hospital in London before relocating with her family to Australia. She is a Fellow of RANZCO and ANZSOPS and is actively involved in training future ophthalmic surgeons in her part time position at the Gold Coast University Hospital. She has published a number of medical articles, presented internationally and written a book chapter on orbital conditions.

Dr Morris provides comprehensive eye care in General, Cataract, and Oculoplastic eye conditions.



Dr Heather Russell Cataract, Strabismus, General & Paediatric Ophthalmology

Dr Heather Russell is a general ophthalmologist specialising in cataract, minimally invasive glaucoma surgery, double vision and strabismus, and paediatric ophthalmology. She also uses muscle-relaxing injections for blepharospasm, hemifacial spasm, and for non-surgical management of strabismus.

Heather trained in the UK and New Zealand before relocating to Australia to take up a position at GCUH where she continues as Senior Staff Specialist. She is a fellow of both RANZCO and RCOphth(UK). Heather has published widely, is actively involved in training doctors and medical students, and regularly presents both locally and nationally.



Dr Alan Hilton General Ophthalmology, Paediatric Ophthalmology & Strabismus

Dr Hilton has worked in private practice since 1970. He has worked in a number of Hospitals in Queensland and has also been the chairman of Ophthalmology Assessment Tribunal for Q Comp. In conjunction, Alan has been a lecturer and examiner at a number of Universities and Medical Institutions in Australia. As well as General Ophthalmology, Alan has a special interest in paediatric ophthalmology and strabismus.

Dr Hilton is a Fellow of the RANZCO and member of a number of colleges and associations, including the Royal College of Surgeons Edinburgh and Royal Society of Medicine London.

Everything you need to know about Cataracts



What is a Cataract?

A cataract is the clouding of the eye's natural lens. It results in a lack of light coming through the lens and creating an unfocused image on the retina.

This leads to poor vision, which can initially be corrected by glasses or an increase in strength of current glasses. However as the cloudiness worsens, to repair, the only option to improve vision is surgery.



We are an all-inclusive eye care practice that provides excellence in patient care, services, education and initiative. Our main aim is to improve our patient's quality of life by maintaining a level of vision that allows them to work, play and live the life they want. Our specialists have been practicing for over 10 years and provide the best level of service and care.

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Southport	Level 4, 2 Short Street, Southport

Causes

Most commonly, cataracts are caused due to ageing. It ultimately involves the proteins in the lens clumping together to create its cloudy appearance. Over time it can grow larger and cloud the lens of the eye.

Treatment

Your ophthalmologist will advise if you require surgery. Surgery is the only form of treatment for the removal of a cataract. The surgery is performed under local anaesthetic and is performed in a day surgery. The procedure should only take around 20 minutes. A small incision is made and the cataract-affected lens is removed. This is done through high frequency ultrasound to separate the cloudy lens into small pieces, which is then removed with a small suction.

Once the natural lens is removed, an artificial lens replaces it, which is known as an intraocular lens (IOL). Once a cataract is removed, it cannot redevelop.

At ESI, we utilise microincisional surgery which means that no stitches are required.

Types of Lenses

There are a number of different types of intraocular lenses available. Your surgeon will discuss with you what lens will suit your needs the most. Some of the types of lenses they may recommend are:

Monofocal IOL

This type of lens has one focusing distance. Most people have it set for clear distance vision. Reading glasses need to be used with this kind of lens.

Symptoms

Some symptoms can include:

- *Blurred vision*
- *Sensitivity to light (glare)*
- *Reduced night vision*
- *Fading or 'yellowing' of colours*

Recovery

Your ophthalmologist will go through your post-operative instructions with you in detail. Generally you will be given some eye-drops and general after-care instructions.

You will have some restrictions around your daily activities, such as swimming, strenuous exercises and in some cases driving.

Once the eye has healed, you may need to wear prescription glasses for certain activities to help sharpen your vision.

Each patient will have a slightly different recovery process and times. This can vary from the next day to a few weeks later.

Possible Complications

All surgical procedures have some form of risk associated with them. Cataracts have low-level risks.

Although this is the case, it is still important that you follow the post-operative instructions given by the surgeon, and attend all check-up appointments.

Multifocal IOL

Also known as extended range of vision IOL, it provides both distance and near focus at the same time.

Toric IOL

Used for people with astigmatism (uneven curve in the lens or cornea). This type of lens is used to neutralise the astigmatism and comes in both monofocal & multifocal varieties.

'All-Inside' Technique Helping Patients Kick Chronic Ankle Instability

Dr Simon Platt is one of only a handful of orthopaedic surgeons in Queensland performing an all-inside ligament reconstruction to help patients suffering from chronic ankle instability get back into the sporting arena.

Dr Simon Platt

MB ChB, PGCert, FRCS, FRCS (Tr. & Orth), FRACS (Orth)
Orthopaedic Surgeon (Foot & Ankle)
(07) 5530 0770 | admin@generalsurgerygoldcoast.com.au



The foot and ankle specialist, who recently joined Gold Coast Private, said the less invasive technique, known as the ArthroBrostrom, resulted in less wounds, swelling and scarring than the more traditional approach to surgery.

The ArthroBrostrom is an arthroscopic lateral ligament repair to the anterior talofibular ligament (ATFL), using arthroscopic portals and an additional small incision.

Dr Platt said his usual practice was to scope the ankle during the procedure.

"There is often debris in the ankle and we have published and presented research that shows this is typically pain-generating and may cause problems later, even if the ankle is stabilised," he said.

"The ArthroBrostrom allows you to scope the ankle and, at the same time, do the ligament reconstruction through the scope.

"There is a much smaller incision involved than with the traditional technique, so it is quite a 'neat' procedure."

Dr Platt said patients would wear a moon boot for four weeks following the day-case surgery.

"Their wound will settle over the next 10 to 14 days, with gentle physiotherapy beginning virtually immediately and increasing at around the two-week mark," he said.

"They will be back to playing sport in about six to nine months.

"The ArthroBrostrom technique doesn't alter the length of recovery time, but it does mean we make fewer and smaller incisions resulting in less wounds, swelling and scarring.

"At the same time, it is as strong as the traditional technique, if not better."

Dr Platt said the procedure was life-changing for patients.

"Every time you roll an ankle it is painful, so those who suffer from chronic ankle instability tend to become quite apprehensive and avoid any activities that may provoke that movement," he said.

"Often they have sporting aspirations, whether that is at a professional or recreational level, and their ability is affected by this apprehension - they go from being quite active to not doing much for fear of rolling their ankle.

"Patients tend to be younger, sporting people, but those of any age with recurrent sprain or instability in the ankle are a candidate for the procedure."

Dr Platt said those who played sports such as soccer, basketball and netball were more susceptible to suffering from repeated sprains.

"Generally they have tried physiotherapy and failed to get better," he said.

"It is a very unpleasant condition to have, so to repair it - by any technique - improves quality of life.

"Once the reconstructive surgery is done, it gets them back to sport and back to activity, but most importantly gets them back to day-to-day life without the fear of going over on their ankle."

For more information contact:

Dr Simon Platt
Gold Coast Specialist Suites
Gold Coast Private Hospital
Suite 18, Level 1
14 Hill Street
Southport QLD 4215
P: (07) 5530 0770

Currumbin Clinic's mental health support for veterans and emergency service workers in COVID-free environment

Recognised as a leader in mental health services by Phoenix Australia (formerly the Australian Centre for Post-traumatic Mental Health), Currumbin Clinic has a new inpatient group program that addresses the mental health issues experienced by this group.

We know veterans have higher rates of mental health disorders like anxiety, panic attacks, depression and drug and alcohol dependence with nearly half (46 per cent) experiencing a mental health disorder within five years of leaving the defence forces, and for some emergency service workers there are similar mental health consequences as a result of their regular exposure to trauma. With between 25 to 33% of the community expected to experience high levels of worry and anxiety during a pandemic, veterans and emergency service workers are undoubtedly experiencing heightened concerns and increased feelings of isolation during this current COVID-19 crisis.

The inpatient program at Currumbin Clinic is tailored to the needs of veterans and emergency service workers with post-traumatic stress disorder (PTSD), depression, anxiety and a dual diagnosis of substance misuse. Delivered in a COVID-free and supported environment it uses cognitive behavioural therapy (CBT), cognitive processing techniques, relaxation

training and mindfulness in a process oriented program.

Group sessions explore issues and teach skills to help reduce distress; manage substance use; regulate emotions and responses; and improve interpersonal effectiveness.

Hospital CEO, Kate Cross explained the program is delivered by skilled therapists who guide patients through their inpatient admission.

"This program provides resources, education and clinical support to enhance their ability to change the way they think, feel and behave. We are proud to stand alongside veterans and emergency service workers not just from our local community, but from across Australia."

"With many participants coming from interstate development of an individual relapse prevention plan as part of the program is just another way we can support these exceptional people and acknowledge their service," says Kate.

As inpatient follow-up or stand-alone treatment, the DVA approved CBT for Mood Disorders and the Veterans and Emergency Services Day Programs are also available.

For further information or to arrange a referral, please contact Currumbin Clinic on 1800 119 118.

CURRUMBIN CLINIC'S VETERANS AND EMERGENCY SERVICES DAY PROGRAMS

Veterans and Emergency Services

This twelve week day program uses CBT, interpersonal therapy, relaxation techniques and mindfulness to address problems arising from serving in high stress occupations by targeting issues associated with Post Traumatic Stress Disorder in this special group of people. Participants are also encouraged to undergo individual therapy for specific trauma processing.

CBT for Veterans and Emergency Services

This eight week day program uses exposure therapy to decrease the impact anxiety can have on an individual's life using CBT to identify unhelpful thoughts that maintain anxiety, and relaxation techniques to better manage the physical symptoms of anxiety.

Addictive Disorders Therapy

This DVA approved day program is for those in early or sustained recovery from substance use disorders or process addictions such as gambling. This eight week abstinence-based program also recognises the role of medication-assisted treatment in a peer supported and psychodynamic approach towards rehabilitation.

Referral to a psychiatrist with admission rights to Currumbin Clinic is required to access these programs. Participants are admitted as day patients and can claim attendance via their health fund or through funding from the Department of Veterans' Affairs or WorkCover if approved.

For further information or to arrange a referral, please contact Currumbin Clinic on 07 5534 4944.

Robina Private Hospital takes mental health day programs online during COVID-19

Robina Private Hospital's successful mental health day program services has been met with a critical need for continued patient support and mental health services during the COVID-19 pandemic. Hospital administration and project manager, Heidi Smith was part of Healthe Care's project team to implement interim solutions for Robina Private and Healthe Care's mental health hospital network around Australia, to provide mental health day programs and 1:1 therapy services via online video and telehealth platforms that conformed to social distancing and travel restriction requirements.

Hospital CEO, Kenny Craig confirmed whilst there are no plans to replace face-to-face programs at Robina Private Hospital with online telehealth options, feedback from both facilitators and patients has been overwhelmingly positive to date; patients were able to remain engaged and receive the ongoing support they needed during COVID-19 restrictions.

"The telehealth day programs gave a level of reassurance to many patients that they were still able to access important mental health support programs from the safety and security of their own homes during this uncertain time."

"With feedback like: 'Telehealth day therapy was fantastic! It meant a lot to me as both my mum and son have immune deficiencies so I was not able to be in face to face contact with others. It was so

vital!' and 'The telehealth day program went really well. I like the face-to-face groups but with everything going on at the moment, this works really well. I felt it was still interactive and the platform was great as it was so clear' it's been an overwhelming success for those who cannot attend our face to face programs," said Kenny.

Private health fund insurers were also quick to recognise the need for telehealth services, working with Healthe Care to quickly enact funding arrangements to ensure policy holders could access online telehealth mental health services during this crisis.

For further information or to arrange a referral, please contact Robina Private Hospital on 07 5665 5100 or 1800 707 581.

Dialectical behaviour therapy (DBT) outpatient day or evening groups

This closed group program is facilitated by a multidisciplinary treatment team to support people diagnosed with borderline personality disorder who self-harm, have intense, unstable mood states and unstable relationships. It requires a strong commitment to therapy and is skill-based to help patients tolerate intense feelings while learning to manage self-harming behaviour. DBT combines cognitive behavioural techniques for emotional regulation and reality testing with concepts of mindful awareness, distress tolerance and acceptance. It helps those experiencing symptoms of impulsivity; frequent interpersonal conflict; and difficulty with emotion regulation and anger when

coping with stressful situations.

The program works in two cycles of eight week modules with an intake at Robina Private Hospital every eight weeks. It is offered as both a day and evening group. Topics include core mindfulness; distress tolerance; emotional regulation; and interpersonal effectiveness.

To access the program, a referral to a psychiatrist with admission rights to Robina Private Hospital is needed. Patients are admitted as a day patient and may be able to claim their attendance via their health fund.

For further information contact Robina Private Hospital's day program reception on 07 5665 5100.



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Life in The Time of Coronavirus: The Only Way ‘Out’ is ‘In’

Life in the time of coronavirus is very different for most of us. As the world descends into chaos around us and we are asked to isolate ourselves at home, without our usual celebrations, entertainment and distractions, with no gatherings of family and friends, no holidays away or even local trips, and with no movie theatres, cafés and shops open — what are we to do?

Dr Anne Malatt

MBBS, MS, FRANZCO, FRACS
annemalatt@icloud.com | (02) 6687 2433 | www.doctorannemalatt.com.au

For me, the only way ‘out’ of this situation is ‘in’.

I can react to the misery and suffering in the world, rail against the current restrictions on my personal freedom, bemoan the fact that I cannot see my children or grandchildren in person now, nor do the things that I love to do out in the world, and generally get caught up in the circulation energy of the disaster that is taking place in the outside world at present.

But all of this causes chaos inside my body, as well as on the outside.

Or I can take the opportunity to go deeply in. I cannot go anywhere or do anything much in the outside world at present, aside from work, but I can take the time to rest, to deeply nurture my body and my being, and to deeply connect with myself, which deeply connects me with everyone else.

Taking the time to stop.

Most of us live life at high speed, focussed on what is happening outside us, and rarely take the time to really stop and just give ourselves the space to feel where we are at, what state we are in, and what we actually want and need. At this time we have a great opportunity to do just that.

We can choose to go into withdrawal in our isolation, checking out on the couch, watching TV in our pyjamas and eating and drinking whatever we feel like, and most of us have probably had a go at that lately, but how do we end up feeling at the end of the day?

Instead of slipping into our usual habits, what if we were to stop and allow ourselves to feel our bodies just as they are, let ourselves feel our chronic exhaustion, our raciness, our dullness, our anxiousness, our sadness, our fear, without having to keep ourselves going with regular doses of caffeine, sugar and alcohol to get through the day? And what if we were to take the opportunity to start to live in a different way?

Now this may sound like a great idea, and simple enough to do, but it may not be so easy to begin with.

When I eventually gave up my last cup of coffee, I lay in bed with a cracking headache for three days. I had an ongoing battle with alcohol for years after I knew that I wanted and needed to stop drinking, and found it very difficult to live life without it to begin with. And my love affair with sugar has been the longest relationship of my life, and one which only now, at the age of 58, I have been able to finally let go.

I can imagine that if I had tried to stop drinking alcohol and coffee and eating sugar all in one day, I would not have had a great day! I knew for a very long time that these things were not great for me, and I wanted to be able to live without them, but I did not know where to start, because I needed them to keep me going, to fuel me through my busy days and help me to wind down at the end of them.

So why should we even be thinking about giving up alcohol, coffee, sugar and highly processed high-carb foods?

We love them, right? And think they are one of the great pleasures of our day, especially when we are stuck at home and there is little else to do.

But we don't give alcohol, coffee, junk food or sugar to babies and young children, as we know how deeply sensitive they are and we know it would affect them and we don't want to hurt them.

So why do we give them to us? We are still the same exquisitely sensitive beings, and they still hurt us in the same way.

And why do we then justify it by saying we like it or even that it is good for us, when in truth we know it is not. I used to say I loved my coffee, alcohol and sugar, but in truth I knew I needed it, and at that time could not live without it.

Using the space we are offered us now.

We can use the space we are offered now to explore all of this, to feel where we are at and to find other ways of dealing with how we are feeling. We don't have to do much right now, outside of work, so if we feel tired, or even exhausted, we can rest, take naps, or just sleep, rather than drinking coffee or eating sugar to keep ourselves going. And if we feel like we need a drink, we can try drinking water instead, which will actually quench our thirst! Or at least try it first and ask ourselves why the water is not doing it for us, and what the thirst we are feeling, really is.

The key is to be willing to go deeper than the usual reaction of: feeling tired = have coffee and or sugar; and feeling uncomfortable = have alcohol or any food that takes the edge off how we are feeling.

If we are willing to feel uncomfortable in the short term, we can gently withdraw the props we have been using to numb us, dull us, and fill ourselves up, to expose and explore whatever is underneath the habits we have taken on to get through our day.

Why are we tired, exhausted even? Why are we feeling uncomfortable? What is it about our lives we need to take the edge off?

If we are willing to be absolutely honest about how we are really living and how we are really feeling, we can start to see that perhaps we are not feeling as great as we thought we were and that there are some things we need to deal with. And if we are willing to go through some short-term discomfort as we peel away the layers of coping behaviours we have taken on over the years, we may find something quite wonderful underneath it all.

Without the imposition of the outer world and the behaviours we use to cope with it, we may start to breathe our own breath, which takes us in, to the place inside us that remains pure and untouched by the world around us.

We may start to see ourselves as a finely tuned instrument and feel what makes us sing in harmony with the whole and what makes us feel off-key, off-kilter, separated and alone.

We could start to see ourselves as a living science experiment and feel what foods and drinks affect us, and how they change us, and

what truly supports and nourishes us to live and move as who we truly are.

Using the space we have now to play.

And we could use this space we have now to play with all of this, to see what works for us and what does not. Granted, if we have been used to eating and drinking and doing certain things, we may experience some withdrawal symptoms as we let them go, but if we persevere, we may come to feel lighter and lovelier without them and enjoy feeling free of the need to have them.

What if we were to live a day eating food that was light and healthy and did not make us feel heavy or dull or racy or damp?

How would it feel to live a day eating in such a light way and just drinking water? No caffeine, sugar, or alcohol in it, just fresh clean water when we felt thirsty?

What if we were to live a day just moving our bodies gently? No pushing, striving, driving harder than we were physically capable of, that strains and exhausts us, just in the flow of gentle movement that made us feel energised and alive.

How would it feel to live a day in this way, just honouring the body and what it needs, perhaps taking a nap if we are tired, going for a walk and enjoying fresh air outside, moving the body as we are impelled to do, in a natural rhythm of work, rest and play?

And how would it feel at the end of the day to take this deeply cared-for body to bed, settling in for a deep and restful sleep, allowing the body to be restored, recharged, so we wake feeling refreshed, vital and ready for another day?

We were more in tune with our bodies and their needs when we were children, but along the way we have taken on ideals and beliefs that we have to forever do things, and be a certain way to be accepted in this world. It can be exhausting to live like this, from ideals and beliefs, from the thoughts fed to our heads, rather than from the truth of our deeply sensitive bodies.

What if we were to just let all of that go now and start to return to the simple pleasures of living in our bodies in a way that deeply cares for and nurtures them and allows us to rest?

No matter how busy we are, we all have times when we can rest, and the way we spend that time can either support us, or make it harder for us to do what we have to do. For the quality of our being makes an enormous difference to our daily doing. If we bring a body and a being that is deeply cared for, rested and refreshed to each day, we are much more able to handle whatever comes our way.

The way we spend this time can be a deeply beautiful time of resting, restoring, and appreciating who we are and what we have, so that life in the time of coronavirus does not have to be all about hardship and suffering, self-indulgence and recovery, isolation and separation, but can be a beautiful opportunity to go in through the layers of the outside world that we have taken on over the years to the heart of who we truly are, the place where we are all connected, all one, and enjoy all that is on offer there.

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The Rise (Time) of qEMG

Quantitative Electromyography (qEMG) is set to revolutionise electrodiagnostic testing in Australia.

Dr Michael A. Leitch, Professor John Corbett, Mark Wyatt
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Corbett Neurophysiology Services (CNS) is proud to announce its procurement of qEMG technology. CNS recently invested in eight new Cadwell NCS/EMG beta software systems which are utilised by the Mayo Clinic and are not yet in general use anywhere else in Australia; although this will undoubtedly change in the future.

Conventionally, Neurologists/Neurophysiologists have performed EMG using visual, qualitative (analogue) methods to distinguish normal from abnormal motor units and analyse patterns indicative of specific diseases. Technologies associated with these methods have always had limitations, which qEMG technological advancements can overcome.

Neurologists/Neurophysiologists can now use statistical, objective, quantitative, (digital) means to interpret data; whereas qualitative analysis has always been highly dependent on the clinician's subjectivity. Consequently, different Electrophysiologists would sometimes reach different diagnostic conclusions after studying the same patient.

Additionally, qEMG data can be analysed and replayed offline (at leisure). This allows for more detailed analysis of the sampled motor unit potentials (which takes approximately 15 minutes per muscle); compared with qualitative methods, which are performed instantaneously.

The main advantage of qEMG is that several parameters including duration, amplitude, rise-time, turns, phases, discharge rates, thickness and other parameters can now be derived, so as to enable more reliable conclusions to be drawn about normal and diseased muscles and provide crucial information about the neurological state of the muscle (neurogenic, myopathic or normal). When using qualitative methods, the examiner must infer all of this information in a very short period of time, which is extremely difficult, even for the most experienced clinician. (Imagine reporting on a CT scan in only seconds!)

Furthermore, qEMG allows for the vigilant analysis of multiple individual motor unit potential (MUPs) from the one muscle (at least 20 are recommended), whereas qualitative methods rely heavily on the presence of one or a small number of abnormal potentials.

Another parameter that can now be analysed using qEMG is the Interference Pattern (IP), which is the sum of multiple MUPs firing simultaneously during maximal voluntary contractions. This is vital in determining if a muscle is pathologically myogenic.

These major breakthroughs – as well as future advancements - in technology are predicted by some world authorities to cement qEMG as the gold standard internationally for neurophysiology testing.

CNS is the only large private bulk-billing neurophysiology diagnostic service in QLD and Northern NSW, with clinics in Brisbane, Ipswich and the Gold Coast. We continue to provide bulk-billing for nerve conduction studies (NCS), EMG and, in many cases (where only a few muscles require testing), qEMG with associated Neurologist consultation.

Due to the long-term Medicare freeze, we may be unable to guarantee bulk-billing in cases where multiple muscles require testing (for example, in patients with suspected axial cervical or lumbar spinal pathology), as this requires more complex analysis that can take several hours to complete, and which cannot be completed for the current fee which Medicare has set for this Item Number.

For more information about qEMG or our other services please phone 07 5503 2499 or visit www.corbett.com.au.



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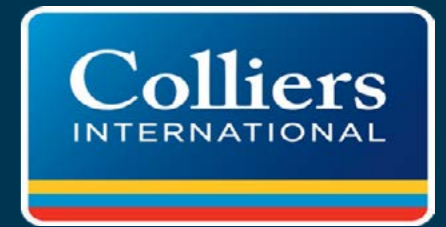
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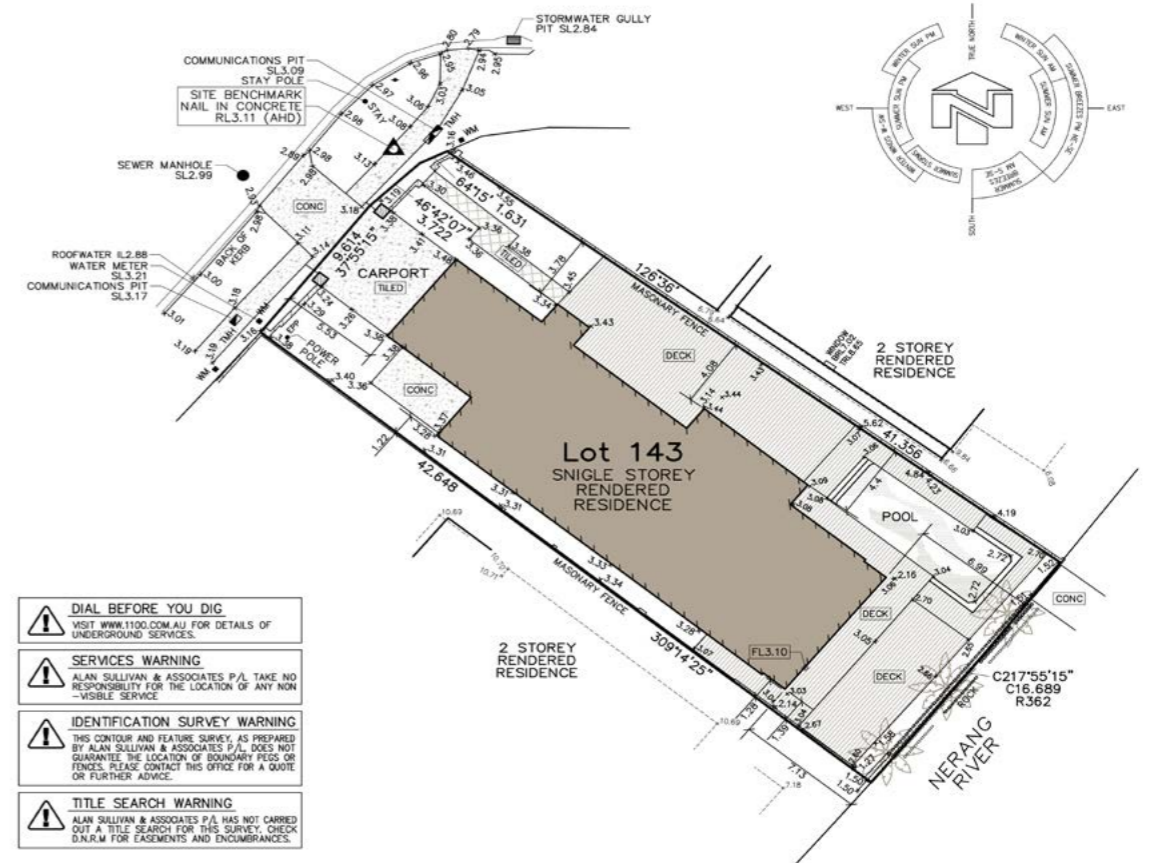
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Tips for Selecting Your New Home Site

When you are planning a new residential home build or renovation, there are many important points to consider, not least of which is selecting your site.

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As Gold Coast architects, we often have clients come to us with queries about what they can build on their site and how to find out if it's suitable for their intended use. It soon becomes apparent that emotional considerations aside, there is important research and many decisions to be made before an architect can put pen to paper to start the design process.

Undertake a Title Search

First step is to undertake a title search to ensure there are no legal impediments to building on your chosen site. These barriers could include service easements or covenants that may restrict the use of a portion of the property. Real estate agents and lawyers handling land / property sales should be able to access this information on your behalf. Alternatively, you can lodge a request directly with the Land Titles Office to obtain a copy of the land title which will show any easements impacting the property.

Carry Out an Identification Site Survey

An identification site survey will also identify key site attributes including services, easements, boundary encroachments and ground contour levels. It is always beneficial to have this information prior to commencing design as it may highlight issues that are not readily apparent from a simple site inspection.

Confirm Site Zoning with Council

Next step is to confirm the site zoning with the relevant council. Here on the Gold Coast, we have a very good interactive mapping service. You simply type in your street address and a property report is generated identifying the key planning constraints impacting your property. You can access this convenient Gold Coast City Plan service at cityplanmaps.goldcoast.qld.gov.au/CityPlan/

Navigating through the various planning codes that apply to your property can be quite a complicated and confusing process, so if at all unsure, it's best to seek the professional assistance of a town planner or architect to advise on the planning implications.

Consider Key Zoning Constraints Impacting Residential Homes

There are several key zoning constraints to consider that are likely to influence your residential home design including:

- **Density** – This dictates the number of residential properties allowable on a site i.e. a single detached dwelling versus multiple attached dwellings. This may also prescribe the minimum site size allowing for potential subdivision of larger sites into several smaller properties.
- **Site Cover** – This dictates the area of built form covering the site. In simple terms, it is the area covered by an impermeable roof (less a set allowance for eaves) as a percentage of the total site area. Most standard residential lots allow 50% site cover.
- **Building Height** – This limits the number of storeys, or a specific maximum height above ground. It's important to check the actual

definition because components like basements and mezzanines can have specific rules applied.

- **Boundary Setbacks** – These vary relative to height, the setbacks increasing as the building height rises. Front, rear and side boundaries all have different setback provisions. In most cases these apply to the building extremities, however in some cases, various building elements such as garages or shade structures can project into these setbacks.

Waterfront properties also have specific setbacks from the waterway based on flood modelling.

City of Gold Coast Coastal Erosion Hazard Overlay Code states that buildings and structures are setback from waterways to ensure the hydraulic performance of the waterway is not compromised.

Any building work undertaken within this setback must demonstrate it will not decrease the flood storage capacity of the existing property. Even swimming pools and decks built above the existing land profile within this zone may decrease the ability for water to flow over the land in flood conditions, and therefore require council approval.

Non-compliance with any of the above planning constraints is likely to trigger the need for a town planning relaxation application, and potentially require a specialist hydrology report to be prepared.

Review Flood Levels

With extreme wet weather events occurring more regularly and the potential for homes to be inundated also increasing, maps identifying flood prone areas in SE Queensland have recently been updated.

Based on this flood modelling, Council have designated minimum ground floor levels set at 300mm above the flood levels expected in a Q100 flood event (a once in 100-year occurrence). This is not just applicable to waterfront properties, in some areas the impact on "dry" blocks can be even more significant than "wet" blocks.

In some cases, this can have a major impact on the design of your new home and may even impact the renovation of existing properties.

You can view City of Gold Coast Flood Maps at cityplan.goldcoast.qld.gov.au/Pages/Plan/Book.aspx

These maps only identify flood prone areas and whether a floor assessment is required. To determine a precise flood level for a specific property, an application needs to be filed with Council.

Consider Whether You May Need a Bushfire Hazard Assessment

As the recent catastrophic bushfire season has clearly demonstrated, we also need to be aware of bushfire risks. Particularly in rural areas, or sites that are in close proximity to bushland or vegetation posing a potential threat, a bushfire assessment may be required. This will ascertain the degree of risk and the level of protection required to your new home.

You can find more information on bushfire hazard mapping on the City of Gold Coast council website at goldcoast.qld.gov.au/planning-and-building/bushfire-hazard-mapping-update-43426.html

A 3D laser scan model of an older style beach house that has had numerous additions and modifications made over the years.



What to Consider When Renovating or Extending a Home

Where an existing building is to be renovated or extended, "as built" construction drawings are required before design work can commence. If original drawings are not readily available, a council archive search may locate copies of the original plans submitted for Building Approval.

You can download the City of Gold Coast Search Request Form at goldcoast.qld.gov.au/documents/fa/search-request-form.pdf

If drawings cannot be found, you may need to undertake a site measure of the existing building. This is best done by a draftsman, architect or surveyor. For more complex buildings, a laser scan survey is an ideal solution as it captures an extremely accurate 3D model of the building.

Check for Design Covenants

Many new estates selling land for residential development may have design covenants in place that govern the design of new houses within the estate. The purpose of these covenants is to ensure that minimum design standards are maintained.

Typical conditions relate to the use of specific building materials,

planning constraints (i.e. ensuring the garage isn't a dominant feature of the front façade) or building massing and roof forms. Soft and hard landscaping, and location of services such as antennas, water tanks or clotheslines can also be prescribed.

Estates where design covenants apply will have a design panel to provide guidance and assessment of each design proposal.

Where to From Here?

Researching the above information ensures the design of your new home can proceed without delay once you've engaged your architect and agreed a design brief.

Alternatively, once you've engaged an architect, they can undertake this research for you, assist with obtaining and collating the necessary pre-design information, and interpret the impact this may have on your home design.

Codes and planning instruments are regularly updated, so it's important that you check with the City of Gold Coast, or the council in your area, to be sure that your site is suitable for the development proposed on it.

If you still have further questions about the process, or would like assistance, contact us directly for an obligation free appraisal of your proposed site.

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DR KHOI TRAN, born and raised in Queensland, provides expertise in diseases of the vitreous, retina and macula.

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Stereotactic Radiotherapy – Changing Treatment Paradigm for Patients

Radiation therapy has changed dramatically over the years.

Our ability to target an area for treatment and to avoid critical surrounding structures has enabled escalation of dose. This results in improved tumour control with reduced side effects. Stereotactic radiotherapy is the latest step in this progression, allowing a high dose of radiation to be delivered in a small number of treatments.

Dr Debra Furniss

Radiation Oncologist at GenesisCare
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Stereotactic radiotherapy (radiosurgery), SRS, as a technique is not new, indeed the first gamma knife providing intra-cranial treatments was first available in the 1980s. Linear accelerator-based treatment has however opened up this treatment to a much wider patient population as well as to extra-cranial sites.

Whole brain radiotherapy has been the mainstay in the management of patients with inoperable brain metastases. While this can be an effective treatment it does come with the potential late effect of neurocognitive decline. As patients are surviving longer with their metastatic disease this is becoming much more of an issue. SRS has been shown to result in less neurocognitive decline when compared to whole brain treatments. Local control is also improved by a stereotactic approach, including those histology's which have classically been seen as radioresistant such as melanoma and renal cell carcinoma. Technical improvements have meant that this treatment is now not restricted to those with only 1 or 2 lesions but can be used in those with multiple bilateral metastases. While SRS is not the right option for all patients, it should at least be considered before offering whole brain radiotherapy.

Surgical resection remains gold standard treatment for those patients who are suitable. Following surgical resection however there is a significant risk of local recurrence in the tumour cavity of 50-60% in 6-12 months. SRS can reduce this risk and should be considered for these patients.

Another success story for Stereotactic treatment has been management of T1 – T2 NO lung cancer. Surgery remains standard of care for these cancers, however many of these patients are elderly with multiple co-morbidities or have poor respiratory function making thoracic surgery very risky. Phase II studies of Stereotactic Ablative Body Radiotherapy-SABR, have shown local control rates of approximately 90-95%. While these figures look comparable to lobectomy (and better than wedge excision) a head-to-head trial against surgery has not been performed.

The CHISEL trial, a phase III randomised trial across Australia and New Zealand compared SABR to conventional radiotherapy in this group of early stage inoperable patients. SABR resulted in improved local control without an increase in toxicity and has now become standard of care.

Oligometastatic disease is a relatively new concept in the management of cancer. This refers to those patients with small numbers of metastases. There is no exact definition as to what constitutes oligometastatic disease, the presence of 1-5 metastases currently seems accepted. The oligometastatic paradigm suggests that if these patients are treated in an aggressive way to eradicate the metastases there may be the possibility of cure. Some of these lesions may be surgically operable, e.g. liver metastases in colorectal cancer. For some patients however the site of the metastases may preclude surgical resection. SABR, as it is an ablative treatment, may be an alternative for these patients.

While each area of the body comes with different technical challenges such as motion management and tumour visualisation during treatment, we are now able to treat a number of extra-cranial sites including bone, spine, liver and lymph nodes.

The SABR-COMET trial was a phase II trial designed to assess the effect of SABR on survival in this group of patients with oligometastatic disease. It included a number of disease types including breast, colorectal, lung and prostate cancer. These patients had metastases at a number of locations including bone, lung and liver. Patients were randomised to standard of care +/- SABR. Results showed an improvement in both PFS and OS, indicating SABR as a promising treatment for this group of patients.

The future may see SABR being used more in patients with widespread metastatic disease. The abscopal effect, the ability of radiation therapy to help the immune system recognise tumour antigens as foreign and elicit a response away from the radiation therapy field, is a rare but well described phenomenon. SABR is thought to evoke this effect more commonly than standard radiation therapy. There are several ongoing trials investigating the combination of SABR with immunotherapy to try and enhance the abscopal effect, and hopefully improve outcomes.

While this is not a radiotherapy technique for all patients it is changing the treatment paradigm and outcomes for those who are suitable.

GenesisCare have been treating patients with stereotactic radiation therapy in Brisbane for over 20 years. SRS and SABR are both available to patients on the Gold Coast at our two treatment centres located in Southport and Tugun.

All initial consultations are bulk billed and private health insurance is not required. GenesisCare patients also have access to a complimentary bus service during treatment.

Referrals and requests for further information can be made to GenesisCare Oncology:

Southport: (07) 5552 1400
receptiononcologystport@genesiscare.com

Tugun (07) 5507 3600
receptiononcologytugun@genesiscare.com

GenesisCare consulting clinics: Byron Bay, The Tweed Hospital, Pindara Private Hospital, Beenleigh, and Yarrabilba

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Prof David Christie

Special clinical interests in prostate brachytherapy, urological cancer, lymphoma, skin cancer, benign diseases suitable for radiotherapy and clinical research (TROG)



Dr Tulasi Ramanarasiah

Special clinical interests in breast, gynaecological and skin cancers



Dr Sagar Ramani

Special clinical interests in lung, urological, colorectal and breast.



Dr Selena Young

Special clinical interests in breast, neurological, lung and skin cancer and palliative care.

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receptiononcologysthport@genesiscare.com

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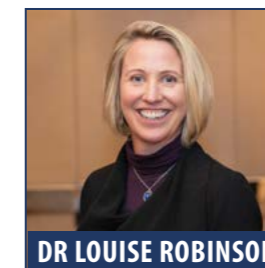
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