

primary focus

Leaving a legacy in
breast cancer care

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Our Mater network

Host a **Breasties Brunch**

this October to support
women with breast cancer.

Register at breastiesbrunch.com.au



Reconciliation

In the spirit of reconciliation, Mater acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

 Learn more about our Reconciliation Action Plan at mater.org.au/rap

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Continuing to grow to meet *community healthcare needs*

A number of exciting and significant projects have been launched throughout the Mater network over the past quarter, expanding and enhancing healthcare services in local communities across the state.

Mater Private Hospital Brisbane has embarked on a program of work that will create three additional theatres and two more endoscopy suites, as well as two state-of-the-art Cardiac and Vascular Interventional Suites.

As a result, Mater will have expanded and enhanced capacity to deliver services to people living in the Brisbane area, with work expected to be completed by the end of 2025.

Mater will also be adding paediatrics to the maternity, intensive care and other services it will be providing at the new public hospital in Springfield, due to open

in 2026. The hospital, currently under construction, is the result of a landmark public-private partnership with the Queensland Government.

In Brisbane's bayside, Mater Private Hospital Redland became the first private hospital in the nation to install Q-bital modular theatres earlier this year, expanding its surgical and endoscopic capacity.

The modular units are seamlessly integrated into the existing hospital and will also enable the introduction of new services to the Redlands, including low risk cardiac and neurosurgery.

The latest series of Mater's podcast, sMater, has also been recently released and focuses on GP Shared Maternity Care, with each episode featuring a Mater obstetric specialist discussing a specific pregnancy-related condition with podcast host and GP, Dr Maggie Robin. You can find out how to join Mater's GP Shared Care program in the pages ahead.

Finally, and as we head into Breast Cancer Awareness Month in October, I encourage you to read this edition's article about Mater surgeon, Professor Chris Pyke, who has treated more than 50,000 breast cancer patients over more than 40 years. Having recently retired from private practice at Mater, Prof Pyke is leaving a legacy of surgical excellence and innovative research in the next generation of Mater breast care surgeons.

With the private hospital sector continuing to experience challenges in healthcare delivery and increasing patient numbers, we must keep pace—and anticipate—community healthcare needs if Queenslanders are to continue to benefit from world-class healthcare services.



Dr Peter Steer

Group Chief Executive

Will you be there?

Join Mater Young Adult Health Centre clinicians at the 2024 Youth Health Conference, hosted by the Australian Association for Adolescent Health.

**11 – 13 November 2024
State Library of Queensland**

 **mater**
young adult
health centre



Register here today

aaahyouthhealthconference.com.au/registrations



Australian
Association for
Adolescent Health

A *legacy* in breast cancer care



The breast in class—Mater surgeons Dr Ben Lancashire (left), Dr Sally Meade, Prof Chris Pyke and Dr Emma Clarkson.

After caring for more than 50,000 patients over more than 40 years, Professor Chris Pyke is passing on the breast cancer care baton to the next generation of Mater specialists.

Instrumental in Mater Private Hospital Brisbane being internationally accredited last year as a Centre of Excellence for breast cancer care, Prof Pyke has retired from private practice and is referring newly diagnosed patients to a fresh crop of top tier breast surgeons.

"There has been a revolution in treating breast cancer in my time," said Prof Pyke, who is also Vice-President of the Royal College of the Surgeons.

When he first started as a surgeon in the 1980s, he performed mastectomies in 90 per cent of diagnosed breast cancer cases. Today, with advancements in research and technology, mastectomies comprise about 10 per cent of surgical case loads.

Prof Pyke's passion for improving outcomes for breast cancer and endocrine patients started when his two sisters were diagnosed with the disease while aged in their 30s.

"With no family history, one developed acute myeloid leukaemia and the other stage two breast cancer," he said.

They had young families at the time, and both survived for 20 years after their diagnoses following chemotherapy treatment.

"Their suffering, their grace under duress and their family support was an inspiration for me. I felt that I was honouring their sacrifice by helping my own patients," he said.

Dr Pyke's legacy reaches beyond the thousands of patients he's treated over the decades and extends to the mentoring and education of generations of Mater surgeons.

"Chris pioneered many of the services and facilities we have here at Mater. His name is synonymous with breast cancer care," Breast and Endocrine Surgeon Dr Ben Lancashire said.

"I learned many intricacies unique to breast surgery and care from Chris, which has made me a better doctor for my patients. He has played a pivotal role in the surgeon I am today."

Breast and Endocrine Surgeon Dr Sally Meade said specialists pursued opportunities to work with Prof Pyke.

"You want to be in his sphere—hopefully some of his excellence will rub off on you," she said.

Breast and Endocrine Surgeon Dr Emma Clarkson said Prof Pyke was a 'force of nature'.

"One of his many talents is that he brings everyone on board on ways to improve patient outcomes, and you want to be swept up in that," she said.

For Prof Pyke, the next frontier in breast cancer care lies in research currently underway at Mater to develop an accurate blood test for cancer recurrence.

"Cancer recurrence happens to about one in five patients," he said. "We are actively researching test tube breasts which involves testing a drug on variations of breast cells in a test tube.

"We are also looking at cancer recurrence saliva testing which could pave the way for different treatments in the future."

Prof Pyke said mammograms remained the most important breast cancer prevention and early identification tool available, and encouraged GPs to continue to advise their patients to be screened regularly.

"Women at the age for breast cancer screening are already indispensable in the home and in the workplace. Facilitating early diagnosis through screening gives them maximum chance of regaining those roles," he said.

Water polo Olympian Jodie Stuhmcke, 43, and her mother Linda Stuhmcke, 70, received a breast cancer diagnosis within two years of each other.

Having undergone surgery with Prof Pyke, Linda knew her daughter would be in safe hands.

Jodie, who competed at the Athens 2004 Olympics, said her diagnosis and treatment was the toughest ordeal she had experienced in her life.

"I am an athlete and an Olympian, but this was next level," Jodie said.

Both Linda and Jodie, pictured on front cover, are now in remission, and work to raise awareness about breast cancer in the community.

"Chris Pyke is the Godfather of breast surgeons," Linda said. "For me, he was so reassuring during a time when I was so upset about everything."

Breast Cancer Awareness Month



1 in every 4 Queensland women
diagnosed with breast cancer is treated at Mater

mater.li/breast-cancer-specialists

At 27 years of age, Brisbane nurse Amy Gibbs found a lump in her breast and was diagnosed with Triple Negative Breast Cancer.

It was during her gruelling chemotherapy treatment that genetic testing revealed Mrs Gibbs had the BRCA Type 2 gene.

Prof Pyke urged her to begin fertility conservation treatment before starting chemotherapy.

"During treatment I was put into medically-induced menopause to protect

my ovaries and hopefully maintain function to conceive naturally," Mrs Gibbs said.

"I also lost everything that I thought made me a woman—my long hair, beautiful eyebrows and eyelashes."

Now, almost five years since her diagnosis, the Mater Private Hospital Brisbane clinical nurse is pregnant with her second 'miracle' baby.

"Prof Pyke pushed for me to be genetically tested, and I am forever grateful," she said. "It's something I would have never considered."



Breast cancer survivor Amy Gibbs is expecting her second miracle baby.



How to refer

Dr Emma Clarkson



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[Referral information](#)



How to refer

Dr Ben Lancashire



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[Referral information](#)



How to refer

Dr Sally Meade



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[Referral information](#)

Refugee doctors find *new start* at Mater

Mater's Observership Program is offering overseas-trained doctors a fresh start to their healthcare careers.

Refugee doctors who escaped the horrors of war in Afghanistan and the Ukraine are being given a pathway to practice medicine in Australia thanks to a special program at Mater Hospital Brisbane.

The six-month Observership Program enables doctors from refugee backgrounds to study Australian healthcare and culture across key hospital departments.

Dr Karim Amani is currently an observer in the emergency department at Mater Hospital Brisbane, after fleeing from Baghlan in Afghanistan in 2019.

It's a far cry from his previous role as an orthopaedic and trauma surgeon in Afghanistan.

"In the emergency department in Afghanistan, we would be treating 20 to 40 patients needing attention at once from a bomb explosion," he said.

"Here in Australia, we can treat people one-on-one. The culture and the health system are very different—but better here in Australia."

It would take Dr Amani 10 years to re-qualify as an orthopaedic surgeon in Australia, but he hopes to find work as a GP or emergency medicine physician after completing the Observership Program.

Mater relaunched the program after a hiatus during COVID to help break down common barriers for overseas trained doctors, including the high cost of Australian Medical Council exams, the difficulty of obtaining primary verification documents from home countries and the unconscious bias of potential employers.

Dr Inna Malynochka worked as an obstetrician gynaecologist in Ukraine for more than a decade before moving to Australia in 2017.

Her home city of Vinnitsya was damaged during conflicts and she is determined to make a new life for herself and three children in Brisbane.

"The Observership Program is giving me confidence for the future and helping me understand how the medical system works in Australia," she said.

? More information

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Living with loss

A free online program has been developed to address a gap in perinatal bereavement support options for Australian mothers and their families, particularly in rural communities.

The National Health and Medical Research Council Centre of Research Excellence in Stillbirth (Stillbirth CRE) based at

Mater Research and The University of Queensland has created a new online program to support bereaved parents and families, called Living with Loss (LWL).

In Australia, around six babies are stillborn each day. For one in three stillbirths, the cause is unknown.

Led by Postdoctoral Researcher and Co-Lead of the Care Around Stillbirth and Neonatal Death research program

Dr Siobhan Loughnan, LWL is a self-guided and flexible program that aims to increase access to readily available, evidence-based, and effective support.

GP shared maternity care gets sMater

Mater has released a new podcast series focusing on GP Shared Maternity Care, featuring obstetric specialists discussing a range of pregnancy-related conditions.

More than 1,000 GPs are registered in Mater's GP Shared Maternity Care program that provides up to date best practice information from Mater Mothers' staff specialists for the general practice setting.

The new sMater series is hosted by GP Maggie Robin and features different specialists each week to delve into identification and treatment of conditions

during pregnancy, including thyroid disease, diabetes, syphilis, post-natal depression and more.

Two episodes of the new series are required pre-learning for the next Continuing Professional Development (CPD) course, **GP Maternity Shared Care Alignment Seminar 4, to be held on Saturday 2 November** at Mater in South Brisbane.

GPs who have completed GP Maternity Shared Care Seminar 1 are eligible to attend the additional course.

sMater is available to stream through popular platforms Apple Podcasts, Spotify and YouTube.



Screening needed to halt syphilis outbreak in Queensland



A syphilis outbreak that began in Queensland's North West is now claiming the lives of unborn babies across the state.

Last year, four Queensland babies died from congenital syphilis, which occurs when a baby is infected with the disease in the womb by their mother.

It was the highest annual congenital syphilis death toll recorded this century.

Dr Jill Parkes-Smith, an obstetric medicine and infectious diseases specialist at Mater Mothers' Hospital Brisbane is calling for increased screening for sexually transmitted infections (STIs) to bring the outbreak under control. Syphilis can be screened for by a blood test.

Spread via sexual contact from person to person, including via oral sex, condom use and dental dams can be recommended to patients to prevent infection.

"People think syphilis is a historical disease and there's a real stigma attached to it but, unfortunately, cases are on the rise and the disease can have few symptoms," she said.

"With four congenital deaths in the past year in Queensland and case numbers increasing, it is likely we will see more deaths if something doesn't change.

"Tragically, it is likely that all of the congenital syphilis deaths we saw last year could have been prevented if the disease had been detected earlier."

The rate of infectious syphilis cases in Queensland has increased nine-fold from 3.1 to 26.4 cases per 100,000 people per year between 2001 and 2023.

While the outbreak began in the state's North-West, rates are currently highest in Far North Queensland, Central Queensland and parts of Greater Brisbane.

Easily cured with penicillin, syphilis can lead to a variety of neurological problems including hearing loss and visual disturbances.

Congenital syphilis can also be successfully treated if detected early, but the risks of abnormalities and stillbirth increase as the pregnancy progresses, if left untreated.

Experts believe the outbreak is being fuelled by several factors, including: a decrease in condom use; barriers to accessing health care, especially in rural and remote areas; the use of dating apps; and a possible increase in the number of men who have sex with both men and women.

Case numbers are increasing among both non-Indigenous and Indigenous Australians.

"People who are sexually active should consider being screened if they have a new sexual partner, they haven't had a test before, have symptoms or have concerns," Dr Parkes-Smith said.

"Some groups, including pregnant women, will need more frequent testing."

Dr Parkes-Smith highlighted that increased screening of women of childbearing age and their partners is key and she is encouraging GPs and other clinicians to increase screening requests for high-risk patients, including pregnant patients.

"Our caseload of syphilis in pregnancy has increased significantly and it's disheartening because the best time to treat a patient is before they conceive," she said.

"We have to get the message out there. The time to act is now."

? How to refer

Dr Jill Parkes-Smith

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Outpatient consultations:

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Surge in endometrial cancer *rates*

Endometrial cancer patient Victoria Asirifi wishes she had known the risk factors.



Mater doctors are warning that cases of endometrial cancer are forecast to surge by 50% by 2040¹.

An estimated 3,300 cases of the disease were diagnosed in Australia last year—double the number recorded 20 years ago.

While the mortality rates for ovarian and cervical cancer continue to fall, endometrial cancer is the only gynaecological cancer with a rising mortality rate.

Mater Private Hospital Brisbane gynaecological oncologist Dr Nisha Jagasia said metabolic syndrome—a cluster of conditions that increase the risk of heart disease, stroke, diabetes and obesity—is a major risk factor for endometrial cancer.



Dr Nisha Jagasia urges women to be aware of the risk factors for endometrial cancer.

"We know that modern lifestyles mean that more people are living with obesity, which is a major health challenge in itself," Dr Jagasia said.

"Women need to be aware that having a Body Mass Index (BMI) over 30 increases your risk of endometrial cancer up to six times, compared with someone who has a BMI in the normal range of 18.5 to 25."

Dr Jagasia said it is believed that oestrogen produced by fat tissue plays a role in triggering cancer in the endometrium.

Endometrial cancer currently has an 83 per cent five-year survival rate, as most cases can be treated successfully if detected at an early stage. However, around 550 women lose their lives to the disease each year.

Many patients require surgical management, including hysterectomy, while women with more advanced disease may require radiation and chemotherapy after surgery.

Endometrial cancer accounts for 90–95% of all uterine cancer cases with early detection essential to positive long-term outcomes.

"Endometrial cancer should be a wake-up call for women and used to optimise other aspects of their health after treatment," Dr Jagasia said.

Typical symptoms

- Bleeding in post-menopausal women
- Persistent or abnormal bleeding in younger women
- Discharge or pain in the pelvic area
- Blood in urine.

1. <https://www.anzgog.org.au/the-rise-of-endometrial-cancer/>

Victoria Asirifi, 40, of Ellengrove, Brisbane, was diagnosed with endometrial cancer in 2021.

The social worker weighed 200kg at the time and had experienced heavy bleeding for several months before seeking advice from her GP.

She received hormone therapy and also underwent gastric sleeve surgery to reduce the risk of the cancer spreading, losing 60kgs.

Dr Jagasia performed an open hysterectomy on Ms Asirifi earlier this year, including the removal of her fallopian tubes and ovaries, preventing the cancer from metastasising.

"I wish I had known more about the risk factors of being overweight and how it can contribute to endometrial cancer," Ms Asirifi said.

"The chances of giving birth to my own children are gone.

"I hope my story helps someone else who is sitting in silence."

? How to refer

Dr Nisha Jagasia

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 [Referral information](#)

New research on placental health

A new Australian study has revealed pregnant women who sit for excessive periods could be affecting the health of their placenta—and potentially their baby.

The Mater Research study found that sitting for more than eight hours a day during pregnancy was associated with smaller and stiffer placentas, with a potentially compensatory decrease in blood flow resistance in the umbilical cord.

More than 200 women who gave birth at Mater Mothers' Hospital Brisbane took part in the study, which was led by physiology researcher Jade Kubler.

"Our findings showed that sitting for more than eight hours a day during pregnancy was linked to greater placental tissue stiffness, altered blood flow resistance in the umbilical artery and a lower placental weight at term," Ms Kubler said.

"These associations were found irrespective of what other physical activity was performed by each woman.

"These findings highlight the importance of limiting sedentary behaviour during pregnancy for placental health, because a well-functioning placenta plays a critical role in supporting the growing fetus."

"We know mothers can get uncomfortable and tired towards the end of their pregnancy, or choose to work later in their pregnancy.

"When this is the case, these findings show that taking regular breaks to get up and move around the office or home are necessary to ensure a well-functioning placenta."

Ms Kubler said low-functioning and under-developed placentas can affect the growth and wellbeing of babies and possibly lead to complications in pregnancy or birth. Although antenatal exercise has well-established beneficial effects for women and babies, she said there was no association between overall physical activity and placental health in this cohort of women.

"Even if a pregnant woman is physically active, she could still find herself sitting for an excessive amount of time each day, whether that be at work or at home," Ms Kubler said.

"Reducing the amount of time pregnant mothers sit is what appears to benefit the placenta in many ways."

The study—*Maternal physical activity and sitting time and its association with placental morphology and blood flow during gestation*—has been published in the Journal of Science and Medicine in Sport.



Mater Research physiology researcher Jade Kubler discovered physical activity is linked to the health of the placenta in pregnant women.

New pathology centres across South East Queensland

Mater Pathology has opened six new collection centres across South East Queensland, strategically located near GP practices, pharmacies and community medical services.

The new centres in Albany Creek, Fortitude Valley, Mt Ommaney, Salisbury, Thornlands, and Runaway Bay enhance pathology services in the community and bring the total number of Mater Pathology collections centres to 45 across the south east corner of the state.

The expansion program provides greater access to essential medical testing facilities in local communities and supports the delivery of excellence in patient-centred care.

Staffed by highly-trained phlebotomists, the centres offer a comprehensive range of pathology specimen collection services, from routine blood and respiratory testing to fitting cardiac monitors.

Scan here to find a collection centre near you

Servicing South East Queensland
with over 40+ locations

mater.org.au/pathology

mater
pathology

New *sleep clinic* for Mater Private Hospital Bundaberg

A new sleep clinic at Mater Private Hospital Bundaberg (MPHBg) will deliver specialist treatments for people in the Wide Bay region with sleep disorders.

The Sleep Healthcare Australia clinic will address a growing need for diagnostic and support services in the region for people with Obstructive Sleep Apnoea, Restless Legs Syndrome, insomnia and other sleep disorders.

According to the Australian Parliament's 2019 report, Bedtime Reading, one in five Australians are affected by a major sleep disorder.

Mater Respiratory Physician Dr Charl Liebenberg said the new clinic at MPHBg will minimise the need for people to travel to the Sunshine Coast and other destinations for sleep studies and treatment.

MPHBg respiratory specialist Dr Charl Liebenberg said sleep conditions and disorders can have significant impacts on overall health.

"The advantages of having the sleep service at Mater are the provision of in-hospital sleep studies which are the gold standard and the availability of a Continuous Positive Airway Pressure (CPAP) therapist on site to fit the masks and sort out any issues without the need for a doctor's visit."

Dr Liebenberg said sleep apnoea was common in the community and typical symptoms included:

- restless and / or unrefreshing sleep
- snoring
- waking with a choking sensation
- waking frequently to visit the toilet
- waking with a dry mouth
- waking with a headache
- sleep maintenance insomnia or inability to stay asleep.

He said sleep apnoea and other disorders cause periods of low blood oxygen which can lead to high blood pressure, heart rhythm problems, heart failure, poor short-term memory, inability to concentrate and depression.

"The diagnosis is made with a sleep study," he said.

"Hospital sleep studies are recommended where there are concerns about abnormal movements, sleep talking, sleep walking or epilepsy."

? How to refer

Dr Charl Liebenberg

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 [Referral information](#)

Bundaberg surgeon brings new treatment for complex hernias

The only surgeon in the Wide Bay region to provide the minimally-invasive extended totally extraperitoneal repair (eTEP) for patients with complex hernias is performing the procedure at Mater Private Hospital Bundaberg (MPHBg).

General surgeon Dr Priyantha Mudalige said the eTEP technique was associated with fewer complications, lower recurrence rates and shorter hospital stays for patients with abdominal wall hernias.

"As a general surgeon, I do the full spectrum of surgery covering gallbladder, skin cancer, colon conditions, breast cancer and more," he said.

"But I have a special interest in complex hernias and often receive referrals for



Mater Private Hospital Bundaberg is home to a new sleep clinic and the region's only eTEP treatment for complex hernias.

bigger cases. I've been performing eTEP surgeries in Bundaberg for many years."

Dr Mudalige said complex hernias were often recurrent and could be caused by previous surgeries.

Performed laparoscopically, the eTEP technique enables the abdominal wall to be reconstructed through small incisions compared with open surgery, while providing the surgeon greater visibility and precision.

? How to refer

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 [Referral information](#)

Australian-first *brain cancer surgery*

Associate Professor Sarah Olson has clinical interests in brain and pituitary tumours.

A Mater neurosurgeon has used Australian-first robotic-guided laser technology to save the life of a Queensland woman with multiple brain tumours.

Evangeline Lim, 61, has been battling a rare type of lung cancer since 2016 and was referred to Mater Private Hospital Brisbane neurosurgeon Dr Sarah Olson after the cancer spread to her brain and began to affect her mobility.

Dr Olson said conventional brain surgery would likely have left Ms Lim in a wheelchair for the rest of her life—but a new advanced minimally invasive surgical system at Mater gave her hope of a making a full recovery.

The Visualase system uses live MRI tracking and robotic alignment technology to guide a fibre-optic laser probe to the site of a tumour.

The laser then kills the tumour by heating the tissue to around 60C, in a procedure known as laser interstitial thermal therapy (LiTT).

Mrs Lim, who works as an accountant, said she was amazed to be able to return to her Hope Island home just days after LiTT surgery destroyed her two brain tumours.

"Almost straight away I could feel the changes in the left side of my body—it was like magic," Mrs Lim said.

"Before having the surgery, my foot would drop when I walked.

"I had reduced my hours of work because using the computer was slow and difficult.

"Even walking up the stairs was so hard, and also everyday tasks such as cooking and cleaning. But now I am back to normal. The operation was life-changing."

Mater Private Hospital Brisbane was the first hospital in the southern hemisphere to adopt the US-developed Visualase LiTT system, which is also used to treat epilepsy patients.

Dr Olson said the technology allows surgical teams to insert a laser probe through a small skin incision in the skull, without the need for highly invasive brain surgery.

Patient recovery times are faster and neurological complications are less common.

"Evangeline had terrible brain swelling related to the cancer metastasising in her motor area," Dr Olson said.

"Traditional surgery would have required a large opening in the skull and almost certainly would have made Evangeline weaker and unable to walk."

She said the LiTT procedure also stopped the need for Ms Lim to require steroid treatment, which would have affected her ongoing treatment for lung cancer.

The \$1 million LiTT equipment was funded by community donations to Mater Foundation.

Mater Foundation Chief Executive Andrew Thomas said the generosity of Queenslanders was improving patient care and outcomes.

? How to refer

Dr Sarah Olson

☎ 07 3117 2766

➔ [Referral information](#)

How LiTT surgery works

- LiTT is typically performed in an operating theatre equipped with an intraoperative MRI machine.
- The patient is under general anaesthesia and inside the MRI machine for most of the procedure, which takes about three hours.
- The surgeon makes a small hole in the skull at a location that makes it easier to access the spot for treatment.
- Using stereotactic navigation, the surgeon directs a needle-like fibre-optic laser probe toward the area in the brain where the problem lesion is located.
- The probe placement is confirmed by the MRI images.
- Laser heat (up to 138 degrees Fahrenheit) is delivered to the tip of the probe to destroy the abnormal tissue. The heat is monitored with MRI thermometry to avoid overheating the surrounding area.
- Once the area has been treated, the neurosurgeon removes the probe and the incision is closed with one or two stitches.

Family healthcare services for Greater Springfield

The new public hospital at Springfield is well advanced and expected to be open in 2026.

The new hospital under construction at Springfield will add paediatrics to the suite of new services to be delivered to the rapidly growing community, alongside world-class maternity care by Mater Mothers'.

The new hospital, adjacent to Mater Private Hospital Springfield, is the result of a landmark agreement between Mater and the State Government and is scheduled to open in 2026.

The new paediatric services will include 12 inpatient beds and an outpatient department to provide follow-up and access to local health clinics, if required.

Key services will include acute care presentations ranging from chest infections, pneumonia, viral infections, vomiting, diarrhoea, epilepsy, diabetes, infant illnesses, breathing difficulties, croup and jaundice.

In addition, the new public hospital's emergency department will include a dedicated space to see paediatric

presentations and a Level 3 surgical service to support diagnoses such as appendectomy and abscess drainage.

The new paediatrics service will complement maternity services to be provided in the new hospital by Mater Mothers—Australia's leading maternity services provider—including six birthing suites, two birthing pools, 16 special care neonatal cots and a Pregnancy Assessment Centre.



Elective and emergency procedures including

- General Surgery
- Ear, Nose and Throat (ENT)
- Gastrointestinal Endoscopy
- Obstetrics and Gynaecology
- Ophthalmology
- Orthopaedics
- Plastics and Reconstructive
- Urology



A total of **240** beds for public and private patients



12 inpatient **paediatric** beds



- Emergency Department
- Intensive Care Unit



Maternity and birthing services

- a Pregnancy Assessment Centre (PAC)
- Six birth suites including two birthing pools
- 16 maternity beds for public patients
- 16 Special Care neonatal cots

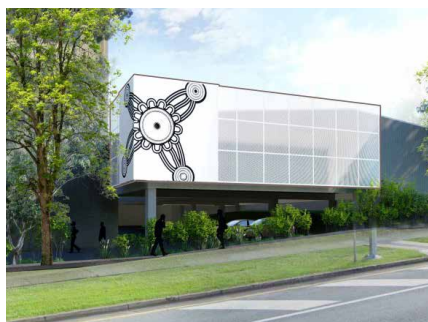
Mater Private Hospital Redland –Qbital

Work is progressing on the theatre expansion project at Mater Private Hospital Redland, increasing surgical capacity and healthcare services in the Brisbane bedside community.

The custom-built theatres have been craned into position with connections to the main hospital underway, along with works on a new admissions area and renovation of a procedure room.

While the Q-bital modular theatres are used in the United Kingdom and other parts of the world, Mater is the first private hospital in Australia to install the units that have been custom-built off-site.

The additional theatres will enable Mater to increase services across urology, gastroenterology and general surgery while also introducing new services to Redlands, including low risk cardiac and neurosurgery services.



Technology brings healthcare to the *regions*

A wave of digital innovation is helping regional and rural Queensland patients receive world-class care, regardless of where they live.

The Mater Accelerated Joint Replacement (MAJR) Program gives patients requiring hip or knee replacements access to their own "digi-coach" app via a smartphone, while the Cardihab program allows people to receive cardiac rehabilitation services in their homes for six weeks after heart surgery.

"New technology is having a transformative impact by bringing expert care and support straight into the homes of patients," said Mater Private Hospital Townsville Acting General Manager Anna Olson.

Orthopaedic surgeon Dr James Price said patients using the MAJR digi-coach app can be discharged within 24 hours of surgery and the response from users has been overwhelmingly positive.

"The MAJR program is very beneficial in that it gives patient's excellent preoperative education about the process of having a joint replacement and it tends to allay a lot of anxiety around surgery, allows the patient to concentrate on their recovery," Dr Price said.

Mater Private Hospital Townsville Allied Health Manager Gabrielle Dockray said the Cardihab initiative had been expanded to patients across central, western and northern Queensland thanks to \$250,000 of Advance Queensland funding.

"Cardihab provides patients with remote rehabilitation sessions twice a week with a clinician for six weeks after discharge," Ms Dockray said.

"For these sessions to be completed in the patient's home rather than requiring them to drive to Townsville and back is a significant benefit."

In addition, Mater specialists are providing regional and rural GPs with support through a new online platform that provides clinical advice within two days.

The eConsultant platform allows GPs to access advice from a range of Brisbane-based Mater specialists in areas such as neurology, infectious diseases and obstetric medicine.

More than 350 GPs have accessed the platform and prevented the need for a face to face consultation with a specialist in 85 per cent of cases.



How to refer

Dr James Price

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[Referral information](#)

Improving healthcare for the people of Townsville

The Boards of Townsville Hospital and Health Service and Mater Private Hospital Townsville met recently to identify new opportunities for enhancing public and private healthcare services across the region.

The two hospital providers joined forces three years ago to offer robotic surgery to the people of North Queensland through the Da Vinci technology. Nearly 1,000 patients have benefited from the partnership to date.

The focus of the most recent joint meeting was on reducing elective surgery wait lists and co-designing a healthcare workforce plan for the future.

Mater surgeon brings a smile to 30,000 young faces

Brisbane surgeon Dr Richard Lewandowski has literally brought smiles to the faces of more than 30,000 children around the world.

The plastic, craniofacial and reconstructive surgery specialist is the founder of Operation Smile Australia—a medical charity dedicated to helping children in low-income countries born with cleft lips, cleft palates and other facial deformities.

The charity, based at Mater's South Brisbane health campus, is celebrating its 25th birthday this year.

To date it has sent 864 medical volunteers from Australia to 36 countries across South-East Asia, Africa and South America—and successfully treated more than 30,000 young patients.

"It's been an incredible journey," Dr Lewandowski said. "What we do is much more than an operation. It's life changing for children, their families and sometimes whole communities.

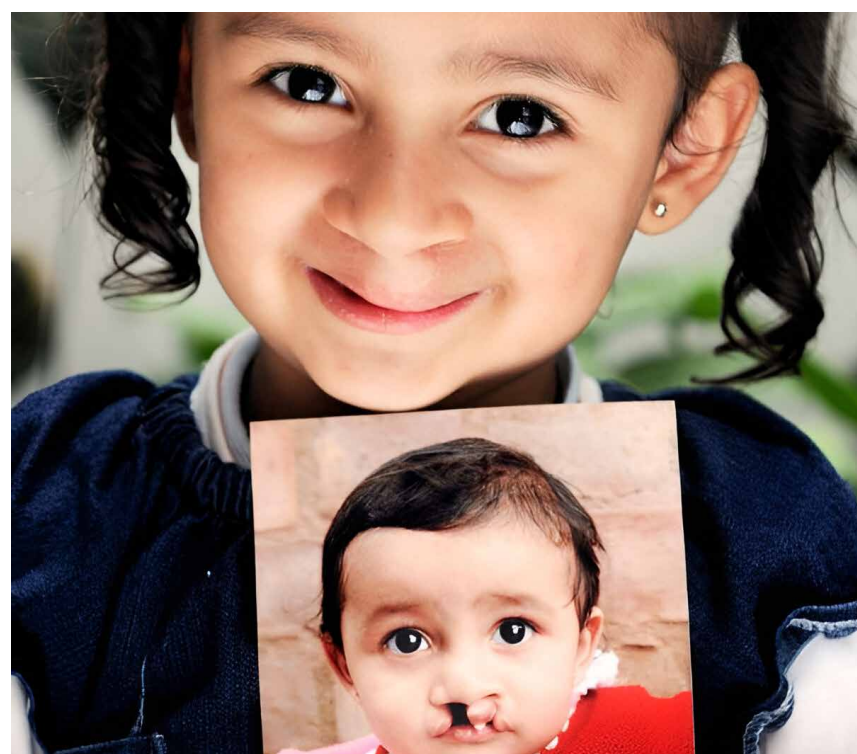
"Afterward, the lives of our young patients can finally go back to normal. They are no longer ostracised by society, they are accepted and can go back to school, get an education and make a positive difference to others. It's so gratifying to see and be part of that process."

It was during a fellowship in the USA in the mid-1990s that Dr Lewandowski first met Dr Bill Magee, the founder of Operation Smile, who encouraged the young surgeon to recruit Australian volunteers to help children in need in the Asia-Pacific region.

With the support of wife Sue, the Mater Board and many colleagues at Mater, Operation Smile Australia was founded in 1999.

Dr Lewandowski said Operation Smile Australia initially focused on sending volunteers on medical missions to South-East Asia to treat children born with cleft lip and palate conditions.

Over the years, the organisation has expanded its reach across Asia, as well as venturing into Africa and South America. A special focus has been on supporting and training advanced cranio-facial surgery teams in Vietnam and the Philippines, ensuring future generations can receive complex care in their own countries.



New stroke study helps survivors

New research has benefitted almost 200 stroke survivors at Mater Hospital Brisbane, and will soon help patients across other parts of Queensland.

Led by occupational therapist researcher Aleysha Martin, the Mater Research and The University of Queensland study has implemented an allied health stroke assessment that could become best practice across Queensland with patients receiving quicker stroke assessment to support their treatment and recovery.

"I began the study after seeing patients at Mater Hospital Brisbane's acute stroke unit having duplicated and repeated stroke assessments completed by occupational therapy, physiotherapy, speech pathology and social work," Ms Martin said.

All Mater patients who have experienced stroke now receive the transdisciplinary stroke assessment by a trained occupational therapist or physiotherapist, regardless of stroke symptoms experienced.

"Not only does it save time, but it means that patients could start rehabilitation sooner," she said.

Mater Hospital Brisbane stroke coordinator Brendon Glenn said the study has already had a positive impact on hundreds of patients.

"The new process frees up clinicians to be able to provide more hands-on time with patients," Mr Glenn said.

In August last year, 69-year-old Mater Hospital Brisbane patient Irene Kinder suffered a rare and unexpected Cerebellar stroke which left her "dizzy" and unable to stand or walk.

As a participant in the study, Mrs Kinder was able to return home sooner thanks to a multidisciplinary team in the stroke and rehabilitation unit who helped her get back on her feet again.

"I have gone from not being able to walk to wearing my three-inch heels again," Mrs Kinder said.

Meanwhile, Ms Martin was recently awarded a Queensland Health Clinical Research Fellowship worth \$100,000 over two years and aims to implement transdisciplinary stroke assessment in other acute stroke units across the state.

Clinical trials expand to regional and rural palliative care patients

"Patients with advanced cancer who had early access to palliative care experienced improved outcomes."

Mater Director of Palliative and Supportive Care,
Professor Phillip Good



Rural and regional Queenslanders receiving end-of-life care will soon be able to participate in medicinal cannabis trials to help manage pain and other symptoms, thanks to a new research program.

Mater's Director of Palliative and Supportive Care Professor Phillip Good said palliative care patients had fewer options for generalist and specialist healthcare services.

"Access to trials of new medications, such as medicinal cannabis, to reduce symptom problems, has been limited in regional, rural, and remote Queensland to date," said Prof Good, who is also Mater's Director of Cancer Services.

Our aim is to establish a Queensland Palliative Care Research Tele-trial Platform that enables all Queenslanders irrespective of their geographical location, equitable access to clinical trials during palliative care.

"We are collaborating with the Australian Tele-trials program and Queensland Regional Clinical Trial Coordinating Centre (QRCCC) to develop this tele-trial platform."

Prof Good said research showed that patients with advanced cancer who had early access to palliative care experienced improved outcomes, specifically improved survival, well-being and symptom control. He said the new tele-trial model would deliver:

- Equitable access to clinical trials for all Queensland palliative care patients, including early access to novel treatments.
- Address the need of clinicians for evidence to guide medicinal cannabis prescribing.
- Improved access to medications for symptom control in palliative care patients as well as potential changes to clinical care and health policy.

Prof Good said Mater had been studying medicinal cannabis in palliative care patients with advanced cancer since 2018, and currently leads a national collaborative research program funded by grants from the Medical Research Future Fund and National Health and Medical Research Council.

Prof Good said more research was needed of different medicinal cannabis formulations before a product could be registered, and accessed at an affordable rate by patients.

"Previously, recruitment has been limited to patients in Brisbane, because of resource constraints, lack of infrastructure, and logistical challenges, such as transport of investigational products," Prof Good said.

"The tele-trial platform will close this equity and access gap and enable all Queenslanders to benefit from innovative healthcare options and novel treatments."

Our Mater Network

Operating the largest not-for-profit network of public and private hospital and healthcare services in the state, Mater brings together collective expertise across health, education, and research, with a shared vision of empowering people to live better lives through improved health and wellbeing.

Mater Health comprises all our hospitals and healthcare services across Queensland. These services combine to help Mater offer comprehensive healthcare which meets identified community need.

Mater Education is a nationally accredited, hospital-based independent Registered Training Organisation—the only one of its kind in Queensland. It offers a range of courses for students, through to highly experienced practising clinicians.

Mater Research is an internationally recognised leader in medical research, which connects its findings from bench to bedside—translating medical research into clinical practice to deliver better outcomes for our patients and the wider community.

Mater Foundation raises funds by engaging people and businesses to partner with Mater to improve health through a wide range of fundraising and philanthropy.



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