

'Providing outstanding patient care
through compassion and innovation'

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A facelift for Briz Brain & Spine

Briz Brain & Spine has had a makeover and updated its image with a fresh new look. The change is timely, with Briz Brain & Spine moving its main rooms to the new development at the Wesley Hospital early in the new year.

In addition to a refreshed logo and corporate colours, Briz Brain & Spine has upgraded its website so that it's not only easier to navigate and use, but continues to be a valuable reference tool for practitioners and patients alike. It lists the procedures our Neurosurgeons undertake, details Briz Brain & Spine's post-surgery support services, profiles the medical and brain tumour support teams and hosts a comprehensive library of materials on surgical techniques as well as brain and spine-related conditions.

The image overhaul also extends to the Briz Brain & Spine Research Foundation. However, while the Research Foundation will adopt the same corporate branding, a dedicated website and newsletter are

currently under construction. The intention is to provide information to donors and the medical industry about current research, trials outcomes and activities undertaken by the Foundation.

According to Briz Brain & Spine Marketing Manager, Dena Loveday, the image overhaul is part of a bigger project to not only grow awareness of the practice but to also educate general practitioners and other patient referral sources of the broader issues associated with the diagnosis of a neurological disorder.

"The re-branding exercise repackages our offer to market and better explains our range of services so that we can provide the best possible care to our patients. Our move to new premises early in 2009 meant it was perfect timing to refresh our look and reaffirm our position as Brisbane's leading neurosurgery provider," Dena said.



Lumbar Spinal Stenosis by Dr Richard Kahler

Stenosis is a term derived from Ancient Greek: stenos meaning: narrow, and osis: a pathological condition.

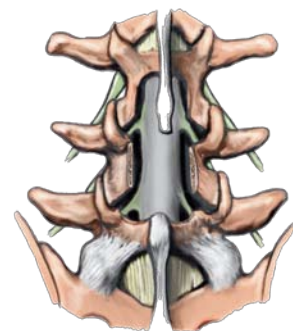
This term applies to tube-like structures in the body when they become narrow. When vertebrae (backbones) are stacked on top of each other in the spinal column they form the "spinal canal". This is a tube-like structure housing the spinal cord and spinal nerves.

Spinal stenosis indicates a narrowing of the spinal canal, the channel where your spinal cord and nerve roots travel. If this becomes too narrow it can result in compression of the spinal cord and/or spinal nerves.

Spinal stenosis can happen anywhere in your spine, but it's most likely to happen in your lower back (lumbar spine) or in your neck (cervical spine). If the stenosis is in your lower back, it's called lumbar stenosis; if it's in your neck, it's called cervical stenosis.



Lumbar stenosis refers to narrowing of the spinal canal in the lower back. As the spinal cord finishes in the upper lumbar spine, lumbar



spinal stenosis results in compression of the spinal nerves, but rarely the spinal cord. Lumbar spinal stenosis can lead to pain in your lower back and legs.

Spinal stenosis is a common condition and is a natural part of aging. It is therefore more common in the older population. However, not all people with spinal stenosis will have symptoms. Not all people will need treatment.

The most common treatment for spinal stenosis is a lumbar laminectomy.

To find out more visit our website www.brizbrain.com.au

Calm, Controlled and Confident

Surgery brings new life to Brisbane teenager with Tourettes.

Sixteen years of anguish and despair may finally be over for a Brisbane girl suffering the most severe case of Tourette's syndrome in Australia, following leading edge new brain surgery.

Bianca Saez had been living with the worst Tourette's syndrome her doctors had ever seen until she saw a 60 Minutes story on an American man suffering the debilitating effects of Tourette's who had benefitted from deep brain stimulation surgery.

Her response was to question whether similar surgery could have the same life-changing impact for her.

Neurologist, Professor Peter Silburn believed there was a strong possibility that deep brain stimulation could have the same positive results for Bianca.

While Professor Silburn had partnered Briz Brain & Spine Neurosurgeon Dr Terry Coyne to perform almost 300 deep brain stimulation operations on Parkinson's disease patients, never before in Australia had it been attempted on anyone suffering Tourette's.

According to Dr Coyne, the decision to attempt the radical surgery on Bianca was not made lightly.

"The world-wide deep brain stimulation (DBS) surgical community is relatively small and fairly close knit and meets regularly. Over the last three years or so there has been interest in DBS for Tourette's and several surgeons in Europe and the US have presented cases, although no one surgeon has a large series of operations. Prior to Bianca's case we communicated with the group in Oxford with whom we collaborate and reviewed the world overall experience to date," Dr Coyne said.

"While the surgery was substantially similar to the 300 other DBS cases we have performed, a major difference in Bianca's case was that it needed to be done under general anaesthesia. Usually we have the opportunity to perform the surgery with the patient awake, so as to monitor for good and unwanted responses intra-operatively.

"We are happy with her progress to date – the literature suggests we could hope for an improvement in tic severity and frequency of 50-90%, although often this may take a number of months to achieve. At two weeks Bianca was 80-90% improved, which was probably at the upper end of what we might have anticipated." Dr Coyne said.



Minimally Invasive Neurosurgery by Dr David Walker

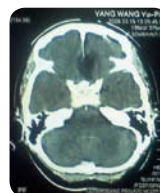
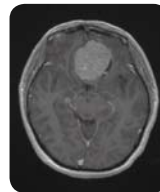
Leads to better outcomes in brain tumour patients

A 55 year old lady presented with a history of headaches and personality change which had occurred over 3 months. A CT scan was done by her GP which showed a tumour. She was referred to BrizBrain & Spine and an MRI scan was organised. This showed a 5cm tumour arising from the anterior cranial fossa floor. It had the imaging characteristics of a meningioma. A meningioma in that position is classified as an olfactory groove meningioma.

Treatment is surgical resection. Traditionally, this tumour would be approached via a large, bicoronal incision and scalp flap, with a bifrontal craniotomy. Tumour resection would also involve significant retraction on the frontal lobes. Almost certainly, the olfactory nerves would be disrupted and the patient would lose the sense of smell.

In this case, it was decided to use minimally invasive techniques. Using stereotactic guidance, the tumour was approached using a left eyebrow incision of approximately 5cm. A supraorbital minicraniotomy was performed. Virtually no brain retraction was required and the tumour was able to be resected completely with no frontal lobe damage and the olfactory nerves remained intact.

One month after the surgery the patient had made a complete recovery. There was little evidence of the recent surgery and the postoperative CT scan showed complete resection with no complications. The sense of smell was normal and the preoperative symptoms had resolved.



Welcome newest member of the BrizBrain & Spine family

Introducing Dr Michael Bryant to BrizBrain & Spine...

After completing his Neuro training in Brisbane, Dr Bryant spent 12 months in Adelaide completing an advanced complex spinal surgery fellowship. With full training in General Neuro and complex spinal surgery, we look forward Dr Bryant's contribution of knowledge and experience to the BrizBrain & Spine team.

Dr Michael Bryant commences in January 2009.

Living the motto:

Outstanding patient care through compassion and innovation

Briz Brain & Spine is growing – and quickly too. We now boast an administration team of 25 people, all dedicated to providing the best possible patient care and efficient servicing for the medical practitioners who refer to us.

Our focus is not just on patients' clinical needs, but also understanding their emotional requirements. This means we communicate regularly with patients' families about 'life after surgery' and dealing with a neurological disorder. It's our belief that post-operative support will ultimately improve the quality of life for patients recovering from some sort of neurological trauma. The Briz Brain & Spine Research Foundation was created for this purpose. Through the Foundation, we employ a Brain Tumour Coordinator who assists patients and their families in understanding their condition and their treatment – from diagnosis right through to recovery. We're also running a ground-breaking clinical trial of an alternative brain cancer drug as well as numerous research projects around post-operative care.

WSSFN Board Appointment

Dr Terry Coyne has been appointed to the Board of the World Society of Stereotactic and Functional Neurosurgery (WSSFN). The principal object of this International Society is to foster the study and teaching of better treatment of persons afflicted with injuries, lesions, disease and abnormalities of the brain through the discovery of causes and of same and better methods of treatment.

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- The Sunshine Coast Private Hospital, Medical Centre, Syd Lingard Drive, Buderim Qld 4556
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