



**The Royal Victorian
Eye & Ear Hospital**
caring in every sense



Our stories

Annual Review 2011

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Welcome to our hospital



The Royal Victorian Eye and Ear Hospital is Australia's leading provider of eye, ear, nose and throat care services. Our international reputation as a specialist clinical care, research and training hospital spans more than a century.

Attracting the best and brightest

As a training hospital, we work in an environment of excellence. Our training programs are competitive and unrivalled. We are accredited by the relevant colleges, including The Royal Australian and New Zealand College of Ophthalmologists (RANZCO), The Royal Australian College of Surgeons (RACS), The Royal Australian and New Zealand College of Anaesthetists (ANZCA) and The Royal Australasian College of Emergency Medicine (ACEM). We take a collegial approach to training our multi-disciplinary team of Eye; Ear, Nose and Throat; Anaesthetic and Emergency medical staff; nurses; allied health professionals and support staff. By attracting the best and brightest to the Eye and Ear, our patients have access to the latest knowledge and treatments available.

Partnerships in the community

We provide the best possible care to our patients and their families by working together. We collaborate with other community health services to improve our patients' journey to the hospital, within the hospital and back into the community. We continued to build our relationship with GPs to support and enhance their referrals to the hospital and formed a partnership with the Australian College of Optometry to run a pilot clinic. This clinic provided initial eye consultations offsite, which significantly improved access to specialist eye care for 686 patients.

A proud history of research

The Eye and Ear has a proud history of research. In 2011, 360 active projects were being undertaken at the hospital. When clinicians and scientists work together, research can be translated into clinical care more quickly. Working with our research partners, the Centre for Eye Research Australia, the University of Melbourne, Bionics Institute, Bionic Vision Australia, La Trobe University, HEARing CRC and Monash University, we collaborate on ground breaking research that directly impacts on our patients.

Celebrating 150 years of service to the Victorian community

In 2013, we will celebrate our 150th anniversary of providing eye and ear health care to Victorians. This significant milestone is an incredible opportunity to look back and celebrate the developments and contributions the Eye and Ear has made and a chance to look forward and commence a new era of innovation. We look forward to bringing together the brilliant minds, whose research, teaching and training has changed the lives of thousands.

A handwritten signature in black ink, which appears to read 'Ann Clark'.

Ann Clark
Chief Executive Officer

We attract
the **best and
brightest** to the
Eye and Ear

our people

Xia Ni & Jeremy

Hospital Medical Officers

“It was a sense of homecoming, a mixture of happiness, relief and enjoyment when I sat down to examine an eye after having done other things,” Xia Ni explains. “That feeling was present before I got here, but it became much stronger the more I learnt about it.”

The Hospital Medical Officer (HMO) is the entry level junior medical position at the Eye and Ear, working in the Emergency Department wards and Outpatient clinics.

Because our HMOs hold a high level of responsibility and autonomy, we only recruit HMOs at a minimum level of PGY3. This means they have completed five or six years of medical student training, an intern year and a HMO 2 year, before starting at the Eye and Ear.

In 2011, we recruited five HMOs. Our process is highly competitive and many of our HMOs go on to apply for the specialist training programs.

A sense of homecoming

Xia Ni moved to Melbourne from Perth to undertake a year as a Hospital Medical Officer (HMO) at the Eye and Ear in 2011. "I have always been fascinated by eyes, they are such a small thing in your body but have such a big impact on everything you do," she explains.

Xia Ni says that her year as a HMO consolidated her choice to specialise in eyes. "It was a sense of homecoming, a mixture of happiness, relief and enjoyment when I sat down to examine an eye after having done other things," she explains. "That feeling was present before I got here, but it became much stronger the more I learnt about it."

She says that Ophthalmology is a steep learning curve. "The experience as a HMO at the Eye and Ear is completely unique, because it's the only place in Australia where the job has such a strong educational focus," she says. "The drive for better patient outcomes and learning comes from the top down."

Junior Medical Staff have the opportunity to learn from senior consultants and their peers through a range of tutorials, seminars and clinics. "I tried to attend as many tutes, presentations, Alumni meetings and special clinics as I could," she explains. "I have been really well supported and the consultants are very approachable."

Xia Ni has since been accepted into the Royal Australasian College of Ophthalmologists (RANZCO) training program at the Eye and Ear, commencing in February 2012 and has access to even more training opportunities. She is part of a group of ophthalmology trainees who participate in a clinic called, the *3 special clinic*, run by Senior

Ophthalmologist, Dr Anne Brooks, who has run the clinic for 23 years. "The clinic reviews complex, complicated problems and is an opportunity to meet the patient, review their case and then work together under the guidance of Dr Brooks to ascertain a diagnosis and treatment," she says.

Training in the wet lab has also been a major part of Xia Ni's education. The wet lab is a specialised facility which allows students to practice microsurgical techniques. "We get a lot of time in the wet lab, which is not common in other specialties," she explains. "This is important because microsurgery is very different to normal surgery, as it requires precision, finer instruments and sutures that are difficult to see with the naked eye." The students have to pass tough exams that involve demonstrating in real-time that they are able to perform the techniques to ensure they are competent to perform intraocular surgery.

Xia Ni is already considering how she can give back, by assisting others with her expertise. "I would love to go back to China and impart some knowledge, whether it be to train people to use the specialist machines or perform cataract surgery," she says. "I did an elective in regional China and it was such a stark contrast to the Eye and Ear, we are so lucky."

"I love that the Eye and Ear foster such a supportive learning environment, it creates better doctors and a great collegial atmosphere, which in turn passes down to the next generation."

Skilled for the community

Jeremy was also a Hospital Medical Officer (HMO) at the Eye and Ear in 2011 and like Xia Ni, has recently commenced his specialist training in ophthalmology. During his time as a HMO, he completed an intensive program of clinical practice, research and training to prepare him for the training program. He found out about the program through word of mouth. "I had one Ophthalmologist who really encouraged me and applied half way through 2010 and started at the Eye and Ear in 2011," he says.

Jeremy first became interested in eyes when he did a trip to Burma as a medical student.

"Ophthalmology is a great mix of surgery and medicine and I was looking for something that would combine it all."

Jeremy moved to Melbourne from country NSW with his young family in time to start his orientation at the Eye and Ear in February 2011. "The orientation was just fantastic," he says. "It was a two week program and was quite intensive, but I think it really set us up for the year ahead."

One of the stand outs for Jeremy during his time as a member of the Junior Medical Staff has been the support of the senior staff at the hospital. "They are always available and ready to answer questions, no matter how small," he says. "The quality of the seniors is very high and we really are fortunate to have consultants put on tutorials and extra training out of their own time."

During his HMO year, Jeremy had a good mix of clinical work and emergency presentations. "I worked 70% in the Emergency Department, 15% in clinics, 15% in pre-admission," he explains.

"I think this was a good balance as the time I spent in ED enabled me to think on my feet and prepare me for the next stage of the training program."

Jeremy has also worked on a number of projects, including the *'Road Map to close the Gap for Vision'*, through the University of Melbourne Indigenous Eye Health Unit, where he volunteered to assist with the research, literature and reviewing. "The research revealed that closing the gap for vision was not as simple as sending resources to Indigenous communities, as significant levels of visual disability exist," he explains. "The provision of eye healthcare to Indigenous communities must focus not just on the provision of services, but on facilitating and encouraging access to these services."

Jeremy would love to go back to NSW and practice as a rural Ophthalmologist.

"It's where the skills are needed and it would be a great thing to be able to support the rural community by taking my training back eventually."

"I'm so pleased to be here because I think the training is the best and I have access to some of the most experienced Ophthalmologists in Australia," he says. "I can't wait to go back, knowing that I will return with lots of confidence and a lot to offer the community."

Xavier

Fellow

“The consultants are very giving of their time; they are wonderful patient advocates and colleagues. I don’t believe that there is a better job going than the one I have.”

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is a professional body responsible for creating and maintaining training and practice standards.

The Eye and Ear is accredited to run the five year RANZCO training program.

RANZCO awards the Gold Medal to the best performing fourth year candidate in their Clinical examinations in Australia and New Zealand. In the last three years, it has been awarded to Eye and Ear registrars, Elaine Chong, Xavier Fagan and Peter van Wijngaarden.

An eye on the prize

Growing up in Melbourne, Xavier has always found eyes appealing. “I picked eyes as I felt like I could make the most amount of difference to people’s lives,” he explains. “I liked the physics of it and felt that it would be technically challenging.”

Xavier is now a Fellow at the Eye and Ear, having started his training here in 2007. He is most interested in the retina. “I have just started working in the Retina Medical Clinic and also plan to apply for the surgical retina term,” he explains.

“Retina is undergoing a rapid progression and it’s always challenging when something is not practice driven and we have old and new treatments coming together.”

The balance in Retina is just right for Xavier. “I enjoy theatre but not to the exclusion of the clinic time,” he explains. “In theatre, you’ve got to be alert and constantly reassess what you’re doing and I love that challenge, but I also value the time spent in the clinics with patients. It’s very rewarding helping people to see again, the patients are really appreciative and it is very affirming.”

During his time at the Eye and Ear, Xavier has had the opportunity to take part in interstate rotations. “I really enjoyed working in Albury, Canberra and Launceston,” he says. “Not only did I get to experience new places, but I had a lot of autonomy in my role, which was great for my own professional development.”

He believes that the best outcomes for patients rely on best clinical practice and good teamwork.

“The clinics work really well together, we get fantastic training and the camaraderie is great.”

In 2011, Xavier received the Gold medal, which is awarded to the best performing candidate across Australia and New Zealand in their ophthalmology clinical examinations. There have now been three Eye and Ear registrars to win the award consecutively.

He believes that the training at the Eye and Ear is second to none and that the Gold Medal directly reflects the quality of care that patients receive.

“I was very proud to receive the award,” he says. “We are very well supported and I can say without a doubt that I wouldn’t have done as well in my exams if it weren’t for the staff at the Eye and Ear, the clinicians and nurses are world leaders in expertise and training.”

“The consultants are very giving of their time; they are wonderful patient advocates and colleagues. I don’t believe that there is a better job going than the one I have.”

“It’s an amazing place that fosters excellence and training and I am really proud to work here.”

Our people



David

Neuro-otology Fellow and PhD candidate

A balancing act

David recently finished his Neurology specialty training whilst at the Eye and Ear and is one of just three doctors currently working in Neuro-otology in Victoria. Neuro-otology is a sub-specialty of Neurology and treats neurological balance disorders of the inner ear. At the age of 30, David decided he wanted to move into medicine.

“I like people and I like to understand how things work; why people are unwell and how to treat them,” he explains. “I want the details, I want to teach and I want to be in a clinical setting where I can make a difference.”

In his first year of working as a doctor, David became interested in balance issues. “I was really interested in the balance components of the brain, particularly the cerebellum (or coordination centre of the brain) and the vestibular system, and how they talk to each other.”

“As fate would have it, the Professor of Neurology at the Alfred Hospital gave me some ideas of things that I could do at the end of my intern year to get onto the Neurology training program,” he says. “One of these was a research project into balance, which I am still involved in and now have 40 patients participating.”

David says that he enjoys the challenge of his work. “It is complex and difficult to access the brain, which means we are often behind advancements in other parts of the body.”

An advocate for training and education, David supports St Vincent’s Clinical School medical students, offering a rotation through the clinics. “There is so little taught about ENT and balance, so we run training sessions and look at how best to teach the dizzy examination to medical students.”

David finds it very interesting working with Otolaryngologists and as a Neurologist, he brings a very unique skills set to the table.

“Working at the Eye and Ear and in collaboration with the University of Melbourne Department of Otolaryngology means that I have access to some very experienced people who really are leaders in their sub specialities,” he explains.

“When people with two different skill sets work together, we learn a lot from one another and can collaborate and more effectively translate research into clinical care.”

One of David’s main projects is leading a trial into a device designed by his Sydney-based collaborators at the University of Sydney that will diagnose vestibular disorders including dizziness and vertigo. “The new device bridges the gap between the clinical examination and what can be difficult access to traditional testing equipment.”

The device has also enabled some clinical testing that previously would have been too invasive. “We tested healthy people for five days in a row so that we could measure what the normal fluctuation is in a person’s inner ear balance function,” he explains. “We can do this really easily with the device and now we have a benchmark to work from.”

Catherine

Orthoptist

The Eye and Ear has the largest Orthoptic department in Victoria. Our Orthoptists carry out eye tests in outpatient clinics to aid in the diagnosis of an eye condition and help with on-going monitoring and treatment.

A collegial approach

Catherine is an Orthoptist and has worked at the Eye and Ear for just over four years. Before this, she worked in private practice and says that she is enjoying being able to focus on her speciality.

"The difference between working in a public hospital and a private practice is the very clear delineation between tasks," she explains. "Here at the hospital I focus on my specialty and can rely on others to bring their expertise to the table, it's a great culture."

Catherine had always wanted to work in health. "My Mum was a midwife so I guess I always had an intrinsic need to help people," she says.

"Orthoptics is quite detail orientated and obviously very people focussed," she says. "I fell into Orthoptics, but took to it from the start, it's funny how these things happen."

After completing her studies at La Trobe University, Catherine went on to work in private practice for 12 years. "I really enjoyed the technical side, learning about the nervous system and how the senses are connected and the psychology around it," she says. "Private practice is where I really honed my clinical and technical skills"

Orthoptics is a very tight-knit profession. "The group that I studied with was made up of just 27 people, so we were very close and in fact that has been my experience all the way through."

Catherine feels fortunate to work at the Eye and Ear, as she is able to be part of a multi-disciplinary team.

"The benefit is that I am able to access experts in each area and that's great," she says. "You have the support and you are given the time to do a great job and provide the best possible care to patients."

"Even things like having access to an interpreter helps me to provide better care as I can find out more detail about what a patient's issue might be, while in private practice, I might have only had a general idea of the issue."

The Orthoptics Department provides a range of services and works with medical staff differently, depending on the clinic. "In Ocular Motility there is lots of interaction and we will complete a patient assessment and make a recommendation and then there might be some dialogue with the doctor," she explains. "Then in other clinics it may be that they simply need to see the test results."

The sheer magnitude of sub-specialities at the hospital means that the Orthoptists are constantly increasing their knowledge. "In the last 18 months we have taken on the responsibility of triaging patient referrals," she explains. "It's really good from a collegial point of view, as some of the junior staff join with more experienced staff in clinical discussions regarding patient referrals and this helps to further develop all our clinical decision making skills."

"There is a mutual respect between the doctors and the allied health staff and I love that," she says. "There is always an opportunity for knowledge transfer and to ask questions and the medical staff are always very open to discussions around best practice."

A portrait of a woman with blonde hair, smiling, wearing a dark blue blazer over a white shirt and a dark patterned scarf. She is standing outdoors with a blurred background of trees and a building.

Brooke

Audiologist

“It’s very specialised, but diverse as well in terms of access to projects, initiatives and people,” she explains. “We see very complex cases and do the hearing tests, balance assessments and use different devices, like the Cochlear Implant and the Bone Anchored Hearing Aid.”

Audiology is the assessment and treatment of hearing-related problems.

Audiologists at the Eye and Ear are allied health professionals who work with patients to assess, monitor, improve and rehabilitate their patients’ hearing and balance issues through diagnostic testing and/or treatments.

Our team of 17 audiologists include both paediatric and adult audiologists, who work closely with Ear, Nose and Throat surgeons. Devices, such as the Cochlear Implant and the Bone Anchored Hearing Aid, are fitted and programmed by our audiologists.

A strong foundation

The role of an Audiologist at the Eye and Ear is complex and diverse. Brooke joined the Eye and Ear just over six years ago, after completing her clinical practice at the hospital during her Master's degree and says that the breadth of work at the Eye and Ear is quite amazing.

"It's very specialised, but diverse as well in terms of access to projects, initiatives and people," she explains. "We see very complex cases and perform the hearing tests, balance assessments and use different devices, like the Cochlear Implant and the Bone Anchored Hearing Aid."

Brooke was studying Behavioural Neuroscience when her mother was diagnosed with an acoustic neuroma and had tests at the Eye and Ear prior to her surgery. "I decided then that I wanted to be an Audiologist, so I finished Behavioural Neuroscience and then did a Master's in Audiology at Melbourne University."

"I did lots of training here as a student and I loved it," she says. "I also did my thesis here and my supervisor as a student is now my manager at the hospital!" Brooke also supervises the Master of Audiology students during their clinical training at the hospital.

"It's ironic that I am now in a position to expose students to the breadth of cases at the Eye and Ear and to impart some of the knowledge that I have obtained."

Brooke is a big believer in practical training and experience. "I built my foundations through the course but I have learnt through experience and talking to the experts," she says.

She is currently enrolled in a pilot program, '*Clinical Leadership in Quality and Safety*', run through the Victorian Quality Council and La Trobe University. "This includes part-time study, as well as a workplace project to improve access for our outpatients," she explains. As a clinician this enables Brooke to have a broader understanding of the health care system.

"I now have the tools to make sustainable changes in our hospital and at a local and higher level, to improve patients' experience and journey."

Part of her work experience has also included three trips to remote communities in Alice Springs. "I have always been interested in Aboriginal ear health," she says. "It's scary to me that a 'first world' country is having crisis levels of ear disease." Brooke worked alongside ENT surgeons and nurses to deliver culturally appropriate ear health services.

"No day in Alice Springs is ever the same and you are constantly thinking on your feet," she says.

Support from her peers and manager at the hospital play a big part in Brooke's own professional development. "It makes a difference having the support of the leadership team as they always push me to grow professionally."



Ramil

Perioperative Nurse

“There is something about Perioperative Nursing that is instantly gratifying,” he says. “People come in with a problem, we fix it in theatre and they come out with a positive result.”

In 2011, our 236 nurses provided care for over 240,000 patients.

The primary function of a registered nurse is to provide patient care. Nurses observe every aspect of their patients’ treatment and progress, including medicine intake, diet, vital signs, physical activity and mental and emotional health. This involves collaborating on treatments and administering specialised care.

As a teaching, training and research hospital, our nurses play an active role in the translation of research into clinical care and enhancing and improving teaching and training.

An international reputation

Ramil has been a perioperative nurse for 17 years, training and working in the Philippines, before working in New Zealand for 11 years. He is now based in Melbourne and has worked at the Eye and Ear for two years as a Nurse Unit Manager. He is currently the Perioperative Services Manager overseeing the management and daily operation of four departments.

“There is something about Perioperative Nursing that is instantly gratifying,” he says. “People come in with a problem, we fix it in theatre and they come out with a positive result.”

“You cannot compare the satisfaction, it’s immediate and it feels good to contribute towards a patient’s positive outcome.”

Nursing was always Ramil’s calling. “As soon as I started studying, I knew that I wanted to be a nurse and to focus on perioperative,” he says. “People are a big part of who I am and I wanted to have an impact and make a difference.”

Ramil is a self-confessed ‘people person’ and strong patient advocate. “All decisions that I make revolve around the patient, you can’t go wrong with that principle as it’s always justifiable.”

He has worked in several countries, across private and public hospitals and says that he has faced similar challenges in his roles. “The difference is how you handle it and the kind of support you receive,” he explains. “I feel very well supported at the Eye and Ear and that’s why I love working here.”

Ramil says that working in a multi-disciplinary environment is fantastic.

“Nurses work with doctors, allied health professionals and other medical staff,” he says. “One cannot work without the other.”

In 2011, Ramil was asked to represent the hospital at the World Association of Eye Hospitals (WAEH) Conference in London and Belgium. “It was an honour to be chosen to attend and have the chance to network and benchmark and to see what we could learn from other eye hospitals around the globe. It also reinforced a lot of the things that we do best here at the Eye and Ear.”

Since then, Ramil has been chosen to chair an International Committee convened by the WAEH to develop an international protocol focusing on eye drops administration. “I am leading the working group, which will benchmark best practice and develop the procedure that can assist in treatment of various eye problems,” he explains.

“It’s a great honour to be chosen to lead this committee and it demonstrates the reputation that the Eye and Ear has internationally as a specialist training hospital.”

A portrait of a woman with short brown hair, smiling. She is wearing a dark, patterned jacket with ruffled shoulders and a maroon lanyard with a badge. The background is a blurred indoor setting with a window.

Sha

“I thought that if I had more knowledge about eye and ear injuries, I could provide better care for my patients and make better referrals to the Eye and Ear.”

In 2007, the Eye and Ear employed a GP to work within the hospital to provide leadership and expertise on how we can work better with GPs and support a better relationship.

We believe that it is crucial to support ongoing training and education for GPs in our community and also for GPs currently in training.

As part of our GP Liaison program, we run a series of educational lectures on Eye and ENT topics specifically designed to meet the needs of GPs and assist them to manage many of the common eye and ENT conditions in the community.

Better care in the community

Dr Shashida Munshey is a Senior Medical Officer at the Royal Women's Hospital Emergency Department and works part-time as a General Practitioner (GP) at Eltham Ridge Medical Centre.

Dr Munshey, or Sha as she is known amongst her colleagues, decided to do a clinical attachment at the Eye and Ear Emergency Department, as part of her continuing medical education and professional development.

A clinical attachment is a great way for GPs to gain some first-hand experience dealing with many of the common eye and ear conditions, which can also be managed in the community.

Sha sees lots of patients with ear problems and foreign bodies in their eyes and estimates that on average, 20% of her patients present with eye and ear problems.

"I thought that if I had more knowledge about eye and ear injuries, I could provide better care for my patients and make more informed referrals to the Eye and Ear," she says. "It would even be helpful in my role at the Royal Women's."

With the support of her employer, she enquired about the clinical attachment and was successful in securing a 10 day stint in the Eye and Ear ED.

Dr Lina Nido is the hospital's GP Liaison Officer and says that many of the conditions seen in the ED are also common presentations to General Practice.

"We have a very busy ED and see an average of 90 eye and 45 ENT conditions every day," explains Dr Nido.

"We want to assist GPs to have the skills, knowledge and confidence to assess and treat patients with these problems in their own communities and also know when it is best to refer to the Emergency Department or our outpatient clinics."

Sha says that the attachment has had a major impact on her ability to diagnose and treat the eye and ear conditions of her patients in the Eltham community.

"To be able to immerse myself in this specialty for 10 days and have full access to some of the most knowledgeable people in the eye and ENT fields built a great base," she explains. "I now have an excellent grasp of the main conditions, what to look for and how to handle and treat them."

"I think it's really important that GPs rotate through the Eye and Ear to support better patient care in the community," she says. "Foreign bodies can be very difficult to determine and the attachment really helped me to learn how to properly inspect an eye."

"It's about building a knowledge base and improving care for our patients, knowing when to refer and when to treat people in the community – it's a good outcome for everyone."

Our Senior Medical Staff

Directors

Assoc Prof Robert Briggs
Clinical Director,
Otolaryngology and
Head, Otolaryngology

Dr. Caroline Clarke
Executive Director,
Medical Services

Dr. Michael Coote
Clinical Director,
Ophthalmology

Dr. Peter Read
Director of Anaesthesia

Heads of Clinic

Dr. Anne Brooks
Head, General Eye Clinic 3

Dr. William Campbell
Head, Vitreoretinal Unit

Dr. Anne Cass
Head, Head & Neck

Dr. Carmel Crock
Director, Emergency
Department

Dr. Mark Daniell
Head, Cornea

Dr. Fiona Fullarton
Head, Lilydale spoke

Dr. Catherine Green
Head, Glaucoma

Dr. Alex Harper
Head, Medical Retina

Dr. Lionel Kowal
Head, Ocular Motility

Dr. Gary Leber
Head, General Eye Clinic 5

Mr. David Marty
Head, Rhinology

Dr. John McKenzie
Head, Ocular Oncology

Dr. Alan McNab
Head, Oculoplastics

Dr. Peter Meagher
Head, General Eye Clinic 1

Dr. Mark Paine
Head, Neuro-Ophthalmology
and Vestibular

Dr. Elizabeth Rose
Head, Paediatric ENT

Dr. Joseph San Laureano
Head, General Eye Clinic 4

Dr. Richard Stawell
Head, Ocular Immunology

Dr. Christine Tangas
Head, General Eye Clinic 2

Ophthalmologists

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Dr. Alex Amini
Dr. Brian Ang
Dr. Maged Atalla
Dr. Renuka Bathija
Dr. Jacqueline Beltz
Dr. Lloyd Bender
Dr. Robert Buttery
Dr. Susan Carden
Dr. Dermot Cassidy
Dr. Elsie Chan
Dr. Christopher Chan
Dr. Thomas Chia
Dr. Daniel Chiu
Dr. Au Chun Ch'ng
Dr. Li Ping Chow
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Dr. Rohan Essex
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Dr. Kevin Foo
Dr. Justin Friebe
Dr. Trevor Gin
Dr. Padmini Gnanaharan
Prof. Robyn Guymer
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Dr. Harry Wenas
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Mr. Christopher Brown
Dr. June Choo
Mr. Benjamin Cook
Mr. Markus Dahm
Mr. Michael Dobson
Mr. Simon Ellul
Mr. Mark Guirguis
Mr. David James
Mr. Bowman Irani
Mr. Richard Kennedy
Mr. Randal Leung
Mr. Philip Michael
Prof. Stephen O'Leary
Mr. Halil Ozdemir
Dr. Elizabeth Rose
Mr. Theo Sdralis
Mr. Craig Semple
Mr. Michael Tykocinski
Mr. Robert Webb

Anaesthetists

Dr. Matthew Acheson
Dr. Peter Ashton
Dr. Glenn Bakyew
Dr. Jacob Boon
Dr. Michael Boykett
Dr. Andrew Braun
Dr. Linda Cass
Dr. Anne Chenoweth
Dr. Stephen Chester
Dr. Elizabeth Coates
Dr. Gavin Doolan
Dr. Duncan Forbes
Dr. Alexander Gershenzon

Dr. Gaylene Heard
Dr. Sean Hearn
Dr. William Hurley
Dr. Simon Jones
Dr. Jennifer King
Dr. Joshua Lau
Dr. Ei Leen Lee
Dr. Keat Lee
Dr. Ana Licina
Dr. Lisa Lin
Dr. John Lioufas
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Dr. Peter Seal
Dr. Caroline Sharpe
Dr. Reuben Slater
Dr. Peter Snider
Dr. Mark Suss
Dr. Andrew Tymms
Dr. Andrew Walpole
Dr. Crispin Wan
Dr. Margaret Watson
Dr. William Watson
Dr. Anthony White
Dr. Daniel Wong
Dr. Jeremy Wong
Dr. Andrew Wyss
Dr. Peik Fei Yau

Physicians

Dr. Timothy Godfrey
Dr. Balasubramanian
Krishnamurthy
Dr. Mark Paine
Dr. Neil Shuey
Dr. David Szmulewicz
Dr. Anneke Van Der Walt

GP Liaison

Dr. Lina Nido

Emeritus Consultants

Dist. Prof. Graeme Clark, AC
Dr. Julian Heinze
Assoc. Prof. Hector Maclean
Assoc. Prof. Justin O'Day, AM
Prof. Hugh Taylor, AC
Dr. John Thomson

Working
together to
provide the best
possible care

our patients

Ben

“The Cochlear Implant clinic staff spent so much time explaining everything to us. Their approach to educating parents is fantastic, but the deciding factor for us was our confidence in the ear specialist.”

Cochlear implants comprise a series of electrodes on a thin array, inserted into the inner ear, that receive electrical signals from a sound processor behind the outer ear.

The electrodes stimulate the auditory nerve directly, bypassing fine hairs that normally do this, enabling hearing.

Most implant recipients need a long electrode to provide electrical stimulation of the complete pitch range but they are not good for preserving residual hearing. In 2011, the hospital trialed a new long electrode, the Slim Straight Array, used for people with partial deafness, with a lower risk of losing residual hearing.

A new confidence

Ben was just two years old when he was fitted with two hearing aids. While this treatment worked initially, Ben's hearing slowly deteriorated. He was referred to the Eye and Ear to see if a new type of cochlear implant would be suitable for him.

The first Australian cochlear implant, also known as the Bionic Ear, was invented and implanted at the Eye and Ear in 1978 by Distinguished Professor Graeme Clark, AC. In 2011, Ben was the first child in Melbourne to be implanted with a new, improved model.

Ben has a condition affecting the inner ear where sound vibrations are not relayed to the auditory nerve properly. He is unable to hear high pitch sounds but he can still hear some loud, low pitch sounds. In the past, standard cochlear implants have been used only for patients with almost complete hearing loss because they are unlikely to preserve any residual acoustic hearing.

Ben's Dad, Lyall said: "When the ear specialist said that Ben would benefit from this new cochlear implant, our biggest concerns were that this particular model hadn't been tested on a child before and Ben might lose what hearing he had in that ear. Sometimes he can't have the implant or hearing aid on, such as swimming lessons and then residual hearing is vital."

"The Cochlear Implant clinic staff spent so much time explaining everything to us. Their approach to educating parents is fantastic, but the deciding factor for us was our confidence in the ear specialist," Lyall concluded.

Associate Professor Rob Briggs said: "The cochlear implant has a series of electrodes on a thin array inserted into the inner ear that receive

electric signals from a sound processor behind the outer ear. The electrodes stimulate the auditory nerve directly, bypassing fine hairs in the inner ear that normally do this, to enable hearing."

"The new implant electrode is much slimmer and slightly longer than the previous model, which makes insertion easier and preserves residual hearing because it takes up less space," he explained.

Since his cochlear implant operation last year, Ben's parents have watched him transform into a confident six year-old. "The difference was not an instant thing," recalls Lyall. "Ben had to learn the meaning of all the sounds he had never heard before, especially high pitch sounds."

Ben's story and the successes of the new electrode trial were recently presented at an international conference in America, so that the Melbourne experience can be used to educate surgeons internationally.

Lyall is also helping with education by speaking to parents whose children will be getting the new implant. I tell them that the difference at school is amazing.

"He's playing and doing so much more with the other kids now he can hear them and because his speech is better, they can understand what he's saying."

He has also been very impressed with Ben's care before and since the implant. "I can't speak highly enough of the Cochlear Implant clinic. Ben's audiologist even visited his school to explain what was happening to him and brought a koala bear with an implant so the kids would understand. That was just brilliant for all of us."



Mary

“Being assessed initially by an optometrist means that patients don’t have to wait for appointments if they are worried and people who need regular check ups for diabetic eye disease, for example, can easily access them.”

The Eye and Ear collaborated with the Australian College of Optometry (ACO) in 2011 on a pilot project, which aimed to provide quicker access to specialist care and a reduction in appointment waiting times.

Patients with a general eye referral to the Eye and Ear were initially assessed by ACO optometrists at a weekly clinic.

Results of the pilot showed that only 30% of the 686 patients seen at the clinic needed a referral to the Eye and Ear. The majority were advised to return to the ACO for regular check ups or referred back to their GP.

A true partnership

When Mary Poorat needed an eye check for her contact lenses, she was unsure where to turn. After consulting with her GP, she was referred to the Eye and Ear. However, as she and many people have discovered, there is a long waiting list for patients who do not have a sight-threatening disease.

“When I said I can’t wait that long, the lady from the hospital then said that someone could see me in Carlton in two weeks, I was so pleased,” she recounted.

Fortunately for Mary, she was to take part in a pilot project being run by the Eye and Ear in partnership with the Australian College of Optometry (ACO) and funded by the Department of Health.

Project Manager and also Senior Orthoptist at the Eye and Ear, Stephanie Tsonis explained that it was estimated an optometrist could effectively assess up to a third of patients with a general eye referral to the Eye and Ear. “This is especially true when a patient needs a simple check up if they have diabetes or a family history of eye disease,” she says.

“Also, when a patient complains of blurred vision to a GP but their symptoms make it unclear which specialist to refer them to, an optometrist has the equipment and training to carry out a series of tests to determine the most appropriate referral,” she concludes.

The advanced triage clinic, held at the ACO building in Carlton once a week, was run with five optometrists and one ophthalmologist. Patients were assessed by an optometrist and, in consultation with the ophthalmologist, either referred to a specialist, advised to return for regular check ups or referred back to their GP.

A total of 686 patients were seen at the ACO clinic during the six-month trial in 2011. Mary was delighted with the service.

“They sorted everything out straight away, it was a really successful approach. I saw three different people and they were very friendly and experienced.”

Stephanie says that the project has been a great success for patients, the ACO and the Eye and Ear.

“Evaluation of the project showed that only 30% of patients seen at the clinic needed to be referred to a specialist at the Eye and Ear. Some continue to be seen on a regular basis at the ACO and others are being monitored by their GP.”

“Being assessed initially by an optometrist means that patients don’t have to wait for appointments if they are worried and people who need regular check ups for diabetic eye disease, for example, can easily access them. It also allows specialists time to care for more serious cases at the Eye and Ear,” she says.

In conclusion, Stephanie said: “The project has been a great example of collaboration between healthcare professions and organisations that has led to faster access to care for our patients.”

Our patients



Rob

A miraculous recovery

On Melbourne Cup Day in 2011, Rob who is a plumber with the Latrobe City Council, had a freak accident that nearly cost him his left eye. "It was late afternoon and I was cutting up deer meat for my dogs, when one of them bumped me and I slipped and suffered a blow to my head, severely cutting my eye."

After calling his sister who lives nearby, Rob was rushed to the Eye and Ear by ambulance, arriving at the Emergency Department at 11pm that night.

"As we headed off towards the hospital in the ambulance, I started to realise how serious my injury was and that I could lose my eye." As the shock set in, paramedics tried to keep him settled and calm.

When he arrived at the hospital the prognosis was not looking good. "The doctors were worried about possible infection from the knife, because of the bacteria," he explains. "They told us that even if they could save the eye, I might never see out of it again."

Rob went into emergency surgery the following morning for two hours to close the large cut through the centre of his eye. He went on to have further surgery two days later to remove the damaged lens and iris and stabilise the retina with silicon oil.

"Miraculously, they saved the eye," he says.

Dr Robert Henderson was Rob's retinal surgeon and says that he was very lucky not to lose the eye. "The retina is very sensitive and any damage will result in poor vision," he explains. "Somehow he managed to miss the retina."

"The eyeball is 23mm in diameter and the knife went to as far back as 17mm; the fact that he still has his eye is very lucky, Rob is doing spectacularly well."

Rob's follow up care has been an intensive program of eye drops and further surgery to remove the silicon oil to aid in the healing process; he needs to wear dark glasses whenever he is outside as he finds the light very bright.

The disruption caused by the eye surgery, post operative visits to the hospital and even moving back to his parent's house for a little while is nothing when compared to the thought of losing his eye. "Thank God the paramedics made the decision to come here; it saved my eye."

At a recent follow up appointment, Rob was told that he will be able to trial a contact lens that will sharpen his vision even more. In the future, he may be able to have a lens stitched to the inside of his eye to replace his own lens. When told he may have to have this replaced every 10 years, his expression is enigmatic. "Are you kidding?! Every 10 years to be able to see bring it on!"



Coral & Joan

“It’s about connecting with people, reassuring them that they are welcome and safe and supporting the team at the hospital to provide the best possible care for patients.”

The Eye and Ear volunteer concierge program was launched in March 2009 and provides an important service to patients and visitors, many who travel from outside Melbourne for specialist care at the hospital.

Our volunteers are easily identified in eye-catching red vests and offer companionship and friendly support. They are trained and supported to carry out their role through a formal program, which includes training in assisting patients with vision and hearing impairments.

In 2011, our volunteers assisted more than 20,000 patients.

Supporting our patients

Joan and Coral have been good friends for over 45 years and have a regular volunteer shift every week at the Eye and Ear. “We were part of the first intake,” says Joan. “At the time I was also volunteering at Mercy Hospital and Coral suggested that we apply at the Eye and Ear, as they were launching a new concierge program at the time.”

Joan and Coral are now recognised across the hospital for their friendly, professional approach.

“We both love interacting with people and doing what we can to make things that little bit easier.”

“It’s about connecting with people, reassuring them that they are welcome and safe and supporting the team at the hospital to provide the best possible care for patients.”

Joan is a self-confessed ‘people person’ with a long history working in the arts, particularly theatre. “I think that the theatre and my previous role as a Discrimination Officer at a Legal Office gave me a strong sense of empathy and an acute awareness of people and their behaviours.”

“The patients are terrific, they are so grateful for the smallest amount of help and I really enjoy being able to reassure them that they are in the best possible hands,” she says. “It is very gratifying.”

Coral says that the majority of her working life was spent in the finance industry and on retirement, she relished the opportunity to offer some of her life skills to the hospital.

“Like Joan, I really enjoy interacting with people and like to see myself as a ‘team player’ and good communicator,” she says. “My other volunteer role as a tutor for people with English as a second language is a good fit with my work at the Eye and Ear.”

Coral speaks fondly of a time when she and Joan were interviewed on a community radio program to promote the concierge program. “We had a great time, it was an excellent vehicle to promote the volunteer program and also the hospital and the wonderful work that happens here.” She laughs and says that if they were asked to do it now, three years later, that they could probably talk all day about the program and the hospital. “Well your children do say you could talk under water Coral,” teases Joan.

Both ladies say that the support and training makes all the difference to their role as a volunteer.

“We receive training in handling difficult situations and vision friendly training through Guide Dogs Australia,” explains Joan. “We also hear about the latest research projects underway at the Eye and Ear – it’s very uplifting.”

Recently, Joan and Coral were recognised for their commitment and contribution to the hospital, awarded the quarterly Reward and Recognition award. They were recognised for displaying exemplary standards of behaviour and communicating with clarity and purpose. Coral and Joan are a delight to have on the team and genuinely believe in the program, going out of their way to make suggestions for improvement and offers of additional support and encouragement.”

Leadership
and innovation
through
ground-breaking
research

our research

A world leader in research

As a world leader of eye, ear, nose and throat research, the Eye and Ear is committed to conducting our research honestly and accurately and at the highest professional standards.

Our research partners, the Centre for Eye Research Australia (CERA) and the University of Melbourne are housed on site and have access to the latest clinical resources and world class clinicians and doctors. This means that we can collaborate with our partners and translate research into clinical care more quickly and have a direct impact on our patients.

Each year, the Eye and Ear approves approximately 80 new research projects, ranging from large clinical trials to small retrospective record reviews. Collaborating with our research partners, CERA, the University of Melbourne, the Bionics Institute, Bionic Vision Australia, La Trobe University, HEARing CRC and Monash University, these projects translate into meaningful eye, ear, nose and throat health care outcomes.

We are responsible for the governance of research undertaken at the hospital, to ensure accountability for the scientific quality, ethical acceptability and safety of our research. This ensures that all research conforms to national standards, including the National Statement on Ethical Conduct in Human Research (2007), the Australian Code for the Responsible Conduct of Research (2007) and the Victorian Managed Insurance Authority Guidelines.

The hospital Research Committee has oversight of strategic and operational issues, relating to the conduct of research. It makes recommendations in relation to the allocation of hospital and philanthropic funds for research and receives reports regarding research projects funded in this way. The Committee is made up of a representative membership, including hospital Executives and Professors of the key University of Melbourne Departments based on the campus.

The Human Research Ethics Committee and the Animal Ethics Committee consider and approve new applications for research projects and manage the existing projects. The hospital also allocates research grants, such as the Wagstaff Fellowship, the Churches Bequest and other annual research grants and philanthropic donations.

We are proud of the important role we play in the ground breaking eye, ear, nose and throat research conducted at the Eye and Ear, which continues to improve the quality of health care we provide to our patients.



Gary & Ian

“To receive the Fellowship and be supported as a scientist in a hospital research environment is pretty special,” says Ian.

One of the most prominent bequests to the hospital is from the estate of Mr Ernest Edward Wagstaff. Amongst other things it has enabled the hospital to create fellowship positions for researchers, known as the Wagstaff Fellowships.

Two fellowship positions have been awarded every three years, one for Ophthalmology and one for Otolaryngology, providing financial support for researchers while they carry out their work.

In 2010, the Ophthalmology fellowship was awarded to Associate Professor Ian Trounce and the Otolaryngology fellowship was awarded to Associate Professor Gary Rance.

A proud tradition of research

Wagstaff Ophthalmology Fellow – Associate Professor Ian Trounce

Ian is a Principal Research Fellow in the Glaucoma Research Unit at the Centre for Eye Research Australia (CERA) and was awarded the Wagstaff Fellowship in 2010. “To receive the Fellowship and be supported as a scientist in a hospital research environment is pretty special,” says Ian.

Ian’s project, *‘Improving ocular health in ageing by optimising mitochondrial function’* centres on age-related neuronal (nerve cell) loss in the eye and how therapies directed toward improving mitochondrial function may protect key neurons and slow loss of visual acuity.

Research being conducted in collaboration with CERA has shown that a lifetime of over-eating can lead to eye problems, especially in older people. The study found that animals given a staggered diet are much less prone than normal to neurological diseases, which can lead to the loss of eyesight.

“The animals given the reduced diet were found to have much healthier eyes and optic nerves than animals which ate too much,” he explains. “This means these animals may have a reduced risk of contracting glaucoma, an eye disease which can be slowed but is not currently curable.”

The reason behind the healthy eyes appears to be linked to parts of the human cell called mitochondria.

“Mitochondria are essentially a cell’s batteries and as we get older, the performance of these can worsen,” he says.

“Essentially, by reducing food intake, cells are recharging their batteries,” he explains. “In the future it could be as simple as an eye drop or a tablet that fixes some eye problems.”

Wagstaff Otolaryngology Fellow - Associate Professor Gary Rance

Gary is the Head of Academic Programs at the University of Melbourne Department of Audiology and Speech Pathology and the Coordinator of the Master of Clinical Audiology course.

Awarded the Wagstaff Fellowship in 2010, Gary is investigating *‘Auditory Neuropathy (AN) in patients with Neurodegenerative Disease’*. “The Wagstaff is one of the few fellowships available for clinicians who want to move into research,” he explains. “It means that I can to use my clinical and research work to directly improve patients’ quality of life.”

The project employs newly developed diagnostic protocols to determine the incidence, underlying pathological mechanisms and severity of AN in patients with neurodegenerative disease.

“Identifying and managing communication issues is particularly important in people with neurodegenerative disease, as they often suffer physical and visual disabilities, as well as hearing problems.”

“AN is a newly identified form of hearing loss – first discovered at the the Eye and Ear in children in the early 1990s,” he explains. “The ‘ears’ of people with AN may work normally - they often have normal detection of sound - but the signal gets scrambled in the nerve as it passes from the ear up to the brain and as a result they may not understand spoken words.”

“Our long term goal is to develop intervention strategies to maximise the quality of life of people with auditory neuropathy”.

Large fluctuations in blood sugar levels associated with diabetes can cause damage to the blood vessels that nourish the retina, the ‘seeing’ part of the eye.

The symptoms of blurred and distorted vision are often not noticed until the disease has progressed significantly, which is why people with diabetes should have their eyes checked every two years.

Left untreated, this condition, diabetic macular oedema, can lead to severe vision loss. Treatment includes laser therapy, surgery and more recently eye injections as part of the Restore Trial taking place at the Eye and Ear.

A spectacular improvement

When Maher Kamel noticed that the vision in his right eye was blurry and getting worse by the day, he went to get it checked.

Maher has diabetes, which means that the level of sugar in his blood is not controlled by the body and can fluctuate up and down. Over time, these fluctuations damage blood vessels in various parts of the body, including the eye.

Referred to the Medical Retina clinic at the Eye and Ear, Maher was treated by ophthalmologist, Dr Lyndell Lim.

Dr Lim said: “Maher has a condition called diabetic macular oedema where the blood vessels in his retina, the ‘seeing’ part of the eye, have been damaged causing swelling and leakage which in turn lead to blurry, distorted vision.”

“Initially Maher was treated with laser therapy, which reduces the rate of visual loss but usually does not improve vision,” she explains.

Two years ago, the Eye and Ear in collaboration with the Centre for Eye Research Australia began the Restore Trial for a new drug, called Lucentis and Maher agreed to be included in the trial.

The drug Lucentis, injected into the eye each month, is widely available to treat a different condition called age-related macular degeneration and the Restore Trial was set up to test this treatment for diabetic macular oedema.

The trial has been a success and Maher was delighted with the result, saying: “I had injections into my eye every month and I think this treatment is a miracle.”

Dr Lim says: “Lucentis doesn’t cure the disease but we have found that it does stop vision loss for most people by reducing the swelling and drying the leakage.”

“The vision of a significant number of people in the trial improved but Maher’s improvement was spectacular,” she continues.

Working in an accounts department and married with three children, Maher’s vision is precious to him.

“I consider myself very lucky to have received this treatment and don’t like to think about how different life might have been.”

“The swelling in the back of my eye has almost disappeared and my vision is so much better that I’m now studying for a Certificate 4 in Financial Services,” he says.

And, he was very impressed with the Eye and Ear team responsible for his care.

“I’m so grateful to the team who performed this trial at the Eye and Ear; they were very professional, experienced and helpful.”

Dr Lim said: “Until recently, ophthalmologists didn’t have the tools to improve vision for people with macular disease. This is one of the biggest eye research breakthroughs of recent years.”

“To know that a series of simple injections can improve the quality of life so dramatically for people like Maher is a great motivator for clinicians and researchers.”

A portrait of a middle-aged man with short brown hair and glasses, smiling. He is wearing a light blue and white checkered button-down shirt over a white t-shirt. The background is a blurred outdoor setting with trees and a building.

Bill

“Life is so much better now. I don’t feel stressed any more; I don’t have to remember to take tablets; and I’m saving a lot of money after fourteen years of buying medication.”

Uveitis is a disease that causes inflammation of the uvea, a layer of tissue inside the eye. Left untreated, it can impair vision: and in the worst-case scenario, cause blindness.

Uveitis often develops suddenly with eye redness and other symptoms like sensitivity to light, blurred or decreased vision or floaters. Treatment includes eye drops and medication.

In the past few years, a slow release steroid dose implanted into the affected part of the eye was trialed at the Eye and Ear as part of the multi-national MUST Uveitis Study, to control symptoms, without the side effects of oral medication.

A new lease on life

Bill Katsaros knows the Eye and Ear very well. His eye condition stems back to 1999 when he developed a painful, red eye. Diagnosed with uveitis, a disease that causes inflammation inside the eye, he has attended the Ocular Immunology clinic at the Eye and Ear on a regular basis since then.

Dr Cecilia Ling, a specialist in uveitis at the Eye and Ear says that it is a chronic condition that can impair vision; in some cases cause complications such as glaucoma, macular oedema and cataracts: and in the worse case scenario, cause blindness.

“Bill was treated initially with cortisone eye drops that reduce inflammation in the eye. He eventually needed to take long term oral steroids and other immunosuppressive drugs to preserve his vision,” she explains.

“While this treatment is effective for preventing vision loss, it can cause serious side effects in the body and researchers have been seeking alternative ways to treat uveitis,” she continues.

Dr Ling and her colleagues at the Eye and Ear and the Centre for Eye Research Australia were involved in the multi-national MUST Uveitis Study to trial a new way to administer steroids directly into the eye.

“A dose of steroid, the size of a large pinhead, is inserted into the affected part of the eye where it is slowly released over a period of three years,” she says.

When Bill was asked if he wanted to join the trial he decided to say yes because the side effects of oral steroids were worrying him so much.

“Oral steroids can cause kidney problems and water retention so you look puffy and bloated all the time. It can also cause depression and I remember it used to make me feel stressed when I was on it.”

In 2008, Bill had an implant in one eye and then three months later an implant in the other eye. He says: “Both eyes have settled down now and I have less flare-ups, which is fantastic.”

And it's not just Bill's eyes showing improvement. “Life is so much better now. I don't feel stressed any more; I don't have to remember to take tablets; and I'm saving a lot of money after fourteen years of buying medication.”

“I'm so grateful to the Eye and Ear team who have looked after me over the years. There is a lot of communication between all the staff and with me as the patient,” he says.

“It's great that the research trials are running there as well, otherwise I might still be on the old treatment and would have missed out on my new lease on life.”



Joe

“Before, when people walked into the room and I had my back turned, they would say hello and I wouldn’t hear them. They thought I was ignoring them, but now, with the BAHA, I don’t offend anyone.”

The Bone-anchored hearing aid (BAHA) is a surgically implanted system to treat hearing loss caused by conditions affecting the outer or middle ear.

Bypassing affected parts of the ear, the BAHA sends sound vibrations directly to the inner ear. It consists of three parts: a titanium rod implanted into the skull, an external abutment and a sound processor, which transmits sound vibrations to the titanium implant.

Sound transmitted to the implant sets up vibrations in the skull that stimulate the nerves in the inner ear to send messages to the brain, allowing hearing.

A complete transformation

After eighteen years of living with hearing loss, Joe Panzera's life was transformed when he was fitted with a BAHA (Bone-anchored hearing aid), a unique clinical service offered by the Eye and Ear to eligible patients.

Eye and Ear audiologist, Dominic Power said: "Joe had been using a conventional hearing aid for a long time but it was causing recurrent ear infections and was not always ideal in crowded or noisy areas so we suggested he join the BAHA trial."

A BAHA is used to amplify hearing in conditions that impair the outer or middle ear, transferring sound vibrations through the skull directly to the inner ear.

"For the BAHA to work the inner ear needs to be functioning well and luckily for Joe, this was the case," Dominic explains.

"Joe's surgery was minimally invasive, part of Associate Professor Robert Briggs' research into developing a modified surgical technique that aims to reduce complications during and after surgery," he explains. "It meant that Joe had better outcomes, with reduced pain and discomfort compared to the conventional technique."

Joe, a company manager and father of four is thrilled with the result. Before the BAHA, he often struggled to hear, especially with lots of people in the room. Joe's job involves meeting people and by the end of each day he was exhausted from straining to hear.

"First I had surgery to insert the titanium rod in my skull and then two months later the BAHA was attached. I didn't think I was going to hear so much so soon," he says.

In the first few weeks, Joe was hearing so many new sounds, he can recount multiple instances when he knew a whole new world was opening up to him.

"I could hear water running in the pipes and birds tweeting in the trees, for the first time," he recalls.

Some of the changes to Joe's life are small but very significant. "Before, when people walked into the room and I had my back turned, they would say hello and I wouldn't hear them. They thought I was ignoring them, but now, with the BAHA, I don't offend anyone."

"And to put a figure on the difference, the TV volume used to be set at 27 and now it's set at 14 which is so much better for my wife and children," he continued.

Dominic says that the youngest recipient of a BAHA at the Eye and Ear was ten years old and the oldest was 92, with a total of 27 patients benefitting from the technology since the trial started.

"The BAHA has changed Joe's life dramatically because he adapted to the BAHA so easily. It takes some recipients longer to learn how to interpret the new sounds but it is wonderful to see what a difference it can make," he says.

Joe sums up the difference it has made to his life when talking about his 14-year old daughter, who is a talented singer.

"Everyone told me my daughter had a lovely voice but I didn't realise how well she could sing until now. I can hear the quality of her voice for the first time – you can't put a value on that can you?"



Mrs Mazzallo

“People would see me out and about and say what’s going on with her,” she says. “I’m not a sad person so it was embarrassing that people thought I was crying all the time.”

Blockage of the tear duct is one of the important and treatable causes of watery and discharging eyes.

The Endoscopic DCR connects the tear duct back into the nose without an external incision. A Thai ophthalmologist presented a way of performing this procedure, which added sutures to secure the connection, but needed the help of a dedicated surgical assistant.

Dr Su devised a way to perform this, which did not need such an assistant. The new procedure was trialled with 38 patients and has seen a 97% success rate and was published in the Ophthalmology Journal in April 2011.

Tears of joy

Mrs Mazzallo had been suffering for a number of years from a condition that made her eyes constantly water. "People would see me out and about and say what's going on with her," she says. "I'm not a sad person so it was embarrassing that people thought I was crying all the time."

Initially Mrs Mazzallo thought her eyes were watering because of the cold weather in the mornings, but when they started to water at different times of the day, she knew something was wrong. "I went to see Dr Su, an ophthalmologist and he told me that there was a blockage in my duct that was causing my eyes to water."

Dr Su says that blockage of the tear duct is one of the important and treatable causes of watery and discharging eyes. "Generally speaking, this condition affects people over 50, and it is not uncommon," explains Dr Su. "At the OPAL (Orbito-Plastic And Lacrimal) clinic here at the hospital, we would see up to 10 new patients with it a week, babies can also be born with it, although that is a different group that often does not need any surgical treatment."

The biggest challenge for many patients with watery eyes is the effect on their quality of life.

"It's embarrassing and annoying for people to look like they're crying," he explains. "Their vision can be blurred to a point where it affects their driving, reading and basic day to day activities, it can make people feel completely reduced in their capacity."

The treatment for this condition is an operation called Dacryocystorhinostomy (DCR), which reconnects the tear duct into the nose.

The traditional approach to the procedure is to perform it by making a small incision on the side of the nose, but many now perform the procedure internally, working within the nose. In the OPAL clinic the surgeons offer both options and several surgeons in the Rhinology clinic also do this surgery, in collaboration with patients' ophthalmologists.

"We find the internal procedure less invasive as it doesn't leave a mark or bruising on the skin and the patient feels less like they have had a major operation," explains Dr Su. "It involves placing the lining of the tear duct and the nose side by side. Of course it does not replace the traditional external operation. There are many patients who are more suited to the external method too."

In 2009, Dr Su and the OPAL Fellow at the time, Dr Alicia Au, evaluated a new modification to the internal procedure. Mrs Mazzallo was one of 38 patients to participate in the trial, undergoing a bilateral Endoscopic, or an Endo-DCR, with the modification of sutured mucosal flaps (used to secure the join between the tear duct and the nose) in 2009.

Mrs Mazzallo speaks very fondly of her experience at the hospital and in particular with Dr Su. "I was very happy with my treatment," she says. "As soon as I came out I had no eye issues anymore, it worked straight away and the tears were gone."

Join us in 2013
as we celebrate
150 years
of caring for
Victorians.

our stories

Our Research Partners

Bionic Vision Australia
HEARing CRC
La Trobe University
Monash University
The Bionics Institute
The Centre for Eye Research Australia
The University of Melbourne

Our memberships

The World Association of Eye Hospitals

Members: Tun Hussein On National Eye Hospital, Kuala Lumpur, Malaysia; The Department of Ophthalmology of the University Hospital Leuven, Belgium; Singapore National Eye Centre, Singapore; Moorfields Eye Hospital, London, UK; The Royal Victorian Eye and Ear Hospital, Melbourne, Australia; Rutnin Eye Hospital, Bangkok, Thailand; St Erik Eye Hospital, Stockholm, Sweden; The Rotterdam Eye Hospital, The Netherlands; The Royal Victoria Eye and Ear Hospital, Dublin, Ireland; Jakarta Eye Center, Jakarta, Indonesia; Tianjin Medical University Eye Centre, China; Sydney Eye Hospital, Australia; Kim's Eye Hospital, Seoul, South Korea; Aditya Jyot Eye Hospital, Maharashtra, India.

The American Association of Eye and Ear Centers of Excellence

Members: Bascom Palmer Eye Institute, Florida, USA; Emory Eye Centre, Georgia, USA; Massachusetts Eye and Ear Infirmary, Massachusetts, USA; Moorfields Eye Hospital, London, UK; New York Eye and Ear Infirmary, New York, USA; Phillips Eye Institute, Minnesota, USA; Rotterdam Eye Hospital, The Netherlands; The Royal Victorian Eye and Ear Hospital, Melbourne, Australia; Rutnin Eye Hospital, Bangkok, Thailand; Show Chwan Health Care System, Taiwan; Singapore National Eye Centre, Singapore; St. Erik's Eye Hospital, Stockholm, Sweden; Wills Eye Hospital, Pennsylvania, USA; Wilmer Eye Institute, Maryland, USA.

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Photography by Leo Farrell

Designed by Viola Design

Environmental Profile

ecoStar is an environmentally responsible paper made carbon neutral (CN) and the fibre source has been independently certified by the Forest Stewardship Council (FSC). ecoStar is manufactured from 100% post consumer recycled paper in a process chlorine free environment under the ISO 14001 environmental management system which guarantees continuous improvement.

Printed with vegetable based inks by a printer with ISO14001 environmental management system.



