

NZ Fellowship will allow SA Head and Neck surgeon to turn heads

tolaryngologist Head and Neck Surgeon Mr Sam Boase spent 12 months from June 2015 undertaking a Head and Neck Surgery Fellowship at the Auckland City Hospital with funding support provided by the prestigious Margorie Hooper Travelling Scholarship.

Working under the supervision and mentorship of Mr John Chaplin, Mr Nick McIvor and Mr Mark Izzard, Mr Boase spent the year at New Zealand's largest public hospital and clinical research facility expanding and refining his skills in head and neck surgical oncology and reconstruction.

Mr Boase, now back in his home state of South Australia, has a broad public and private practice that spans a massive geographical area stretching from the Adelaide Hills to Broken Hill. The majority of his work is conducted at the Royal Adelaide Hospital and the Flinders Medical Centre and he also provides ENT services to the Maari Ma Health Aboriginal Corporation.

He is an Associate Clinical Lecturer at the University of Adelaide, having completed his PhD research in sinus

surgery in 2011, and has presented his research findings both in Australia and abroad. He has also had a number of papers published in international journals on the causes of, and surgical treatments for, chronic rhinosinusitis.

However, Mr Boase said the time spent in New Zealand allowed him to pursue his passion for advancing head and neck surgical oncology and reconstruction.

He said the enormous case-load of complex cases treated at the Auckland City Hospital had allowed him to gain particular expertise in ablative and reconstructive surgical oncology of the head and neck including microvascular reconstruction and thyroid and parathyroid surgery including airway resection and reconstruction.

"Reconstruction of the head and neck is challenging due to the variety of tissues whose structural deficiencies must be corrected," Mr Boase said.

"As we seek to improve our patient's outcomes from treatment for head and neck cancer, it is necessary to improve the reconstruction of surgical defects so as to mimic as closely as possible the native tissues.

"Additionally, improvements in tumour resection techniques are essential if we are to maintain as much function as possible.

"This requires a comprehensive understanding of the function of the anatomical subsites of the head and neck as well as how these can be altered by tumours and treatment modalities, including surgery and radiotherapy.

"During my time in New Zealand, the main reconstruction procedures conducted were free flaps including free fibula, free forearm, free rectus and free scapula - for bone and soft tissue reconstruction.

"The great benefit of learning from experts in this field was understanding how to tailor the reconstruction to maximise function, and having the opportunity to observe outcomes through long-term follow-up of patients."

Mr Boase described the Fellowship as being unique in that the Otolaryngology Head and Neck Department at the Auckland City Hospital was one of the few in the region to offer patients a holistic surgical approach where a single Head and Neck team provided both ablative and reconstructive care.

He said that central to this approach was the Auckland

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Regional Head and Neck Multidisciplinary Meeting, a team approach that gave him the opportunity to understand the subtleties of the relationship between tumour removal and reconstruction.

"One of the most impressive aspects of my Fellowship experience was immersing myself in and running that meeting which I consider to be the benchmark of Head and Neck multidisciplinary teams," Mr Boase said.

"A half day was set aside per week which, while requiring significant commitment from all clinical staff, improved patient outcomes and their experience.

"A one-stop approach for patients meant one visit for discussions with all involved staff including consultations on surgical planning including both ablative and reconstructive surgery, anaesthesia, radiotherapy and chemotherapy, a dental review, and meetings with dieticians, speech pathologists and social workers while cancer care nurse specialists helped guide the patients and their families through the process.

"As I became familiar with the process I realised it was the optimal way to manage complex Head and Neck cancer patients and I hope to incorporate many of these processes

SUCCESSFUL SCHOLAR

into our Head and Neck Multidisciplinary teams in South Australia.'

Mr Boase said he was grateful for the support provided to him to undertake the Fellowship.

"Many past recipients of this Margorie Hooper Scholarship have progressed to become clinical and academic leaders in their field and I hope to follow a similar path in Head and Neck surgical oncology," he said.

"My work - and the work of the Head and Neck units in Adelaide - continues to evolve and has certainly been altered by my experience in Auckland, even though we do not currently have the local resources required to

replicate the protocols and procedures followed by the multidisciplinary teams in Auckland.

"However, we do now have a greater focus on holistic cancer treatment which has been enhanced by my experience in New Zealand and that of some of

my colleagues in Adelaide who have done similar Fellowships abroad."

The Travelling Scholarship is funded through a bequest from the late Margorie Hooper of South Australia. It was established to enable the recipient to reside temporarily outside South Australia in order to undertake postgraduate studies or for surgeons to travel overseas to learn a new surgical skill for the benefit of the community of South Australia.

- With Karen Murphy



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