



**LAP Surgery Australia**  
**Head office**  
Langwith Consulting Suites  
2 Langwith Avenue  
Boronia 3155  
**AMPLE FREE PARKING**

**Also consulting at**  
Mitcham, Mulgrave, Berwick,  
Mornington and Rosebud

### Operating at

**Knox Private Hospital**  
262 Mountain Highway  
Wantirna

**The Valley Private Hospital**  
Cnr Police and Gladstone Roads  
Mulgrave

**St John of God**  
Gibb Street  
Berwick

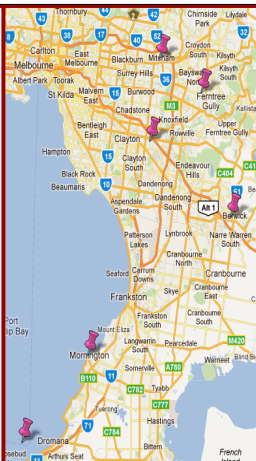
**Mitcham Private Hospital**  
27 Doncaster East Road  
Mitcham

**The Bays**  
Vale Street  
Mornington

**For all Appointments**  
**Phone 9760 2777**  
[www.lapsurgeryaustralia.com](http://www.lapsurgeryaustralia.com)

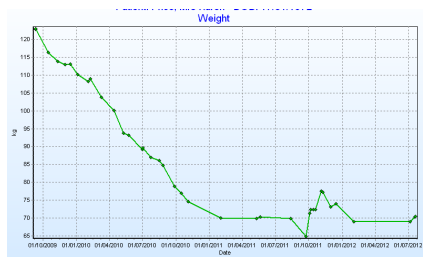
### Locations

Boronia  
Mitcham  
Mulgrave  
Berwick  
Mornington  
Rosebud



### Case Studies

#### Successful Gastric Band—sustained weight loss



Gastric Band Inserted January 2009  
Weight 121 kilos  
Regular follow up appointments  
July 2012—Weight 70 Kilos  
Weight loss = 51 Kilos

#### Struggling Gastric Band Patient Proceeded to Sleeve Gastrectomy



Gastric Band inserted in July 2009  
Weight 127 Kilos  
Patient struggled with weight loss  
Gastric Band removed and Sleeve Gastrectomy performed October 2011  
weight 130 Kilos  
Weight as of June 2012—95 kilos  
36 Kilogram weight loss after 8 months  
Cholesterol and Blood Pressure greatly improved



**Melbourne Pathology on Site**  
Opening Hours  
Monday to Friday  
8.00 am till 1pm

Dietitian  
Laura Jones



Recipe of the Month  
Low Fat Oven Baked  
Risotto

### Ingredients

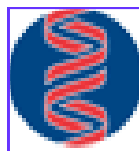
- 2 cups Arborio rice
- 5 cups boiling water
- 20g vegetable (reduced salt) stock cube crumbled
- 3 tbs margarine
- 3 cups mushrooms sliced
- 2 cups baby spinach leaves or chopped spinach leaves
- 1/3 cup finely grated parmesan cheese
- 2 tbs chopped chives (or another herb of your choice)

### Directions

Combine rice, water, stock cube, margarine and mushrooms into a large ovenproof dish. Cover dish tightly with lid. Bake in a hot oven, 200 degree C, for 30 minutes or until rice is tender. Stir through spinach leaves, parmesan and chive, then serve. Serve with a green and colorful salad.

Source: calorie king  
Energy per serve: 207 cal, 34g Carbohydrates, 5g fat, 7g protein

**DVA patients are treated with NO out of pocket costs**  
**Discounted rates for aged pensioners**



**MELBOURNE PATHOLOGY**



## Spring Newsletter 2012



### Endoscopic Carpal Tunnel Release

Carpal tunnel syndrome is caused by compression of the median nerve at the wrist. The median nerve supplies the sensation over most of the hand, with the exception of a small area on the little finger side.

Symptoms are numbness and tingling in the fingers often occurring when using the hands during the day and particularly annoying and sometimes very severe at night.

Other symptoms in the hand such as swelling, joint pains and various lumps are not due to carpal tunnel syndrome.

Although the diagnosis can be made very reliably just on the symptoms, in most cases, and especially with WorkCover, an EMG test is required to confirm the diagnosis.

#### Treatment – Non Surgical

Where symptoms are mild and of recent onset, alteration of working conditions and night time splinting may be of assistance. Injection of steroids into the carpal tunnel can help, but usually this gives only temporary relief.

#### Treatment – Surgical

The common operation involves quite a long incision on the palm of the hand, usually needing 6 – 8 stitches. It can take many weeks for recovery.

At LapSurgery we have been performing the minimally invasive (keyhole) technique for more than 15 years and have performed more than 1,500 of these procedures.

In the keyhole approach a small incision is made on the wrist, less than 1cm long. A further 3mm incision is made on the palm of the hand. The incisions are so small that in most cases a stitch is not required. A telescope is inserted between the incisions and the ligament squashing the nerve is divided fully under vision. In fact the vision we get is superior to naked eye vision as it is magnified in high definition on a computer monitor.

The procedure is done as a day case and takes about half an hour. It can be performed under full general anaesthetic or just the arm numb with a mild sedation.

A bandage will be applied to the hand, but the hand can and should be used as soon after the operation as possible. Slings and plasters are not used! Bandages are removed after a few days and the hand can be used normally thereafter. However there may be some swelling and tenderness for several weeks afterwards, but in most cases you can go about all but the very heaviest use of your hands with a week or two.

Relief of the nasty, sometimes painful tingling is immediate. However numbness in the tips of the fingers can take longer to resolve.



**Mr. Ray McHenry, Mr. Chris Hensman and Mr. Richard Gilhome**

**Key Hole Surgery for**

**Weight Control**

**Excessive Sweating**

**Hiatus Hernia**

**Inguinal and Incisional Hernia**

**Gall Bladder**

**Carpal Tunnel Release**

**Small lumps and bumps**

**Reflux Clinic—High Resolution Impedence Manometry—Nissen Fundoplication**

**Boronia**

**Mitcham**

**Mulgrave**

**Berwick**

**Mornington**

**Rosebud**