

One third of all Australians will die of heart disease. With your help, we can turn this around.



Help us fund life-saving heart and lung research.

# Professor Douglas Baird AM 1940-1995

The Baird Institute was established in 2001 and honours the example of the late Professor Douglas Baird AM. Doug, a gifted cardiothoracic surgeon, was devoted to his patients and epitomised the ideals of science, surgery, sensitivity and skill.

Doug was Head of the Cardiothoracic Surgical



Unit at Royal Prince Alfred Hospital (RPAH), the position held today by Professor Paul Bannon, the Chair of The Baird Institute. Doug was committed to ongoing research, believing that surgical outcomes must be continually measured and improved. He was instrumental in developing the Heart Research Institute in Sydney as well as surgical databases at RPAH and for the National Heart Foundation of Australia.

> Women are 3 times more likel to die of heart disease than breast cancer

Heart disease is the single biggest killer of Australians

DID YOU KNOW?

Heart disease affects people of all ages, even children, and the incidence is growing

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Lung cancer is the largest cause of cancer related deaths in Australia – even non-smokers get lung cancer

## Our Work

The most important part of our work as surgeons and health professionals is to identify real problems experienced every day by real patients. At The Baird Institute, we identify the issue,

we design relevant research programs that answer specific patient problems, we undertake research in the wards of major teaching hospitals or in affiliated research laboratories and then we return to the operating theatre, intensive

s fic Refine the solution Apply solution to future patients

care unit and the wards with life-saving solutions.

#### Research

Our research model is a translational one. As an organisation, we focus on the translation of quality cutting edge research into improved surgical practise. We emphasise the delivery of long term public health solutions, to ensure we have a positive impact at all stages - from patient diagnosis, through to treatment and recovery.

## **Training & Education**

Providing educational fellowships is a major focus of The Baird Institute. While research is mandatory as a part of surgical training, little practical support is offered within general surgical training programs. The Baird Institute recognised this gap and has worked assiduously to encourage cardiothoracic surgical trainees to participate in clinical and applied research.

## **International Initiatives**

*Worldwide Research Collaboration:* With The Baird Institute's support, participation in several international research projects based in the USA and Europe, has been facilitated. This has included working with the IRAD group, the International Registry of Aortic Dissection.

*The Kenyan Connection:* There has been an exponential rise in cardiovascular disease (CVD) in Kenya in the past decade, thus placing significant strain on their health system and on the economy as a whole. Kenya is over 50 years behind Western Economies in their treatment of CVD.

The Baird Institute assists with the development of curricula for The University of Nairobi's cardiovascular and thoracic surgical training program and with the training of their surgeons.

In addition, we provide travelling scholarships to Kenyan cardiothoracic fellows who come to Australia to observe and learn about the work done by our surgeons. We are also fundraising to support a trainee fellowship for a 2-year registrar placement at RPAH for a Kenyan doctor.



## **Our Patients**

### Jake's Story

"Our mother's death was not only deeply distressing but utterly unexpected. She'd lived a virtually illness-free life and looked a picture of health until the day of her death." Jake's mother, Jeannie, died of Familial Thoracic Aortic



Aneurysm and Dissection (TAAD). 6 years later his maternal aunt also died suddenly. The reason for her death was TAAD once again. Jake and his brothers soon realised that not only had they been left with a gaping emotional hole, but also a genetic legacy. After consultation with Cardiologist, Professor Richmond Jeremy and Cardiac Surgeon, Professor Paul Bannon, it was decided that surgery was required. *"If intervention was inevitable at some point then better now while we were both otherwise healthy and young(ish)! For although we were both symptom free we had also witnessed firsthand the catastrophic outcome once dissection occurs. And besides, both our mother and aunt had also been symptom free until their final hour."* 

The open-heart surgery performed on Jake and his brother was a success. Our research program is giving people like Jake and his brothers a second chance at life. TAAD is rapidly becoming one of the most common but silent killers in Western society. Our Aortic Disease research group is continuing its involvement in and initiation of research into the prevention and management of this disease. Our goal is to determine when surgical intervention is optimal or at the lowest risk for the patient.

"The imperative to ensure ongoing research, alongside innovative practice, is clear." Jake Rance

#### Jo's Story

"As a healthy 43-year-old mum of two young boys, heart issues were the last thing on my mind when I started to experience chest pains on my daily cycle to work. Pedalling up gentle hills had started to



seem so difficult and I found myself having to stop and get off my bike to ease the pain. I thought I was fitter than that".

Jo was sent for an angiogram which showed a 90 % blockage in her LAD, one of the major arteries that brings oxygen to the heart. Because the blockage was at the junction of a small artery, it was not possible to insert a stent and so a bypass and open-heart surgery were necessary.

"I was definitely not expecting that! I had none of the factors normally associated with heart disease – smoking, diabetes or high cholesterol".

Jo was operated on by Professor Michael Wilson who used the most advanced robotic surgery techniques available in Australia. The surgery went extremely well and Jo was assured that the bypass should last a good 50 years or more!

The researchers in our **Innovative Heart Surgery research group**, aim to improve the survival and quality of life of the higher risk cardiac patient through the development of innovative surgical techniques and strategies including minimally invasive surgery, robotics and off-pump techniques.

"The work that Professor Wilson and the other surgeons associated with The Baird Institute are doing is inspiring and ground-breaking. The direct impact on patients like me – and my young family – has been profound and, indeed, life-changing." Jo Dean

## **Collaboration is Key**

The Baird Institute has been a driving force within Australia and globally to exemplify how a small cohort of surgeons, in conjunction with undergraduate and postgraduate Faculties of Medicine, can work to improve surgical techniques, materials and evidence based care to enhance the quality of patients' lives.

We are now working with many organisations to collaborate and further the results of heart and lung surgical research. They include:

- The Heart Research Institute
- The George Institute
- The Centenary Institute
- The ANZAC Research Institute
- •The Asbestos Diseases Research Institute (ADRI)
- Royal Prince Alfred Hospital
- The University of Sydney
  - The Institute of Academic Surgery
  - Charles Perkins Centre
  - Surgical Outcomes Research Centre (Source)





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