



**Brave new world: Kylie's journey from her tiny village to walking on her new leg in Melbourne – thanks to the work of orthopaedic surgeon Ian Torode – was an emotional ride for mum Lissing.**  
Pictures: MANUELA CIFRA



is able to experience a life few from her island have any knowledge of.

When a date is rescheduled for surgery, Lissing flies back to Australia, shocked to see how much her daughter has grown in Australia.

**JUNE 1, 2012**

IT'S just after 7am and up and down the white corridors of Mercy Hospital Kylie races around in a red plastic car.

The hospital has donated its time, staff, operating theatre, resources and recovery room to help Kylie.

In the room where Kylie refuses to be contained, the nerves that have remained long hidden within Lissing can barely be contained.

Their supporters from Children First have been through dozens of similar pre-operation mornings, but it is when Mr Torode appears and begins making jokes everything relaxes.

He has recruited the most skilled assistant possible, Royal Children's orthopaedics director Assoc Prof Leo Donnan, who is also donating his time and skill, along with

anaesthetist Gail Littlejohn.

As Kylie is anaesthetised Lissing stands like a statue by her daughter's side. For the first time tears begin rolling down her cheeks as she holds Kylie's limp hand.

Because it is a unique leg, needing a unique operation, much of the surgery is improvised as Mr Torode moves into Kylie's leg and hip to see what lurks inside.

The operation appears as much art as technique — although it is the most brutal art imaginable.

A big hole is cut on Kylie's hip through which Mr Torode removes sections of what little hip joint she has, as well as the top of her leg. Another gaping hole near her knee provides access to the bottom of her tiny femur.

After a couple of hours of painstaking work, sections of bone are pulled out through the holes.

As Kylie's body is manipulated for the next section of the operation, her leg looks as if it is made of rubber. With no bone inside the top half, it bends and winds to whatever the surgeons need.

Over the next few hours

Mr Torode and his team slowly fill the tube they have created by detaching the contents of the bottom half of Kylie's leg and putting it in the top half, backwards.

Kylie's knee is removed and a steel wire is passed through the residual bone in the top of her leg then drilled into the tibial bone at the bottom, so her foot can be pulled up to sit at the right level for a knee.

Explaining his determination to retain the best bits of Kylie's leg as a "pseudo-knee joint" so "nothing good is thrown away", Mr Torode sounds as much a modern-day recycler as surgeon.

"We don't want to waste what she has, so the question to ask is can we make better use of what she has," Mr Torode says.

"If your ankle joint is turned around, the way it works is not greatly different to the way a knee joint works."

By the early evening Kylie is awake. The bottom half of her body is wrapped in plaster, although a backwards-facing foot and wriggling toes can be seen popping out the bottom.

**JULY 25, 2012**

WITH inch-thick plaster cocooning the lower half of her body it's no surprise it takes so long to remove, but the suspense of what Kylie's leg looks like — and what her reaction will be — is almost unbearable.

In a rare sign of tension, Mr Torode even expressed genuine worries while pouring over the latest X-rays, concerned the centimetre-thin metal bar hoped to hold his abstract creation together wasn't up to the job.

For the first time in the process Kylie becomes truly frightened at the shrill noise and sight of a saw cutting through the plaster, whimpering in fear and pleading to make it stop.

But, as has become usual, it is Kylie's response to the big moment when her new leg is finally revealed that catches all by surprise:

"My leg it so thin," is all she says.

Everyone is blown away at seeing a leg attached backwards, with toes wiggling perfectly as though nothing out of the ordinary has happened.

The leg has held together and the operation is a success.

**SEPTEMBER 16, 2012**

IT'S a struggle to get Kylie's hand-crafted prosthetic leg over her backwards-facing left foot.

Royal Children's Hospital prosthetist Jim Iavranos breaks out his green marker and begins drawing on the sections which are too tight.

Soon it is removed, whisked out of the room and "trimmed down".

Kylie can stand on her own two feet for the first time. On the other side of the room Lissing somehow holds back tears.

Kylie's left foot projects slightly out of the back of the leg, but otherwise the limb joins perfectly.

After four trips along two rails Kylie is able to take longer strides, allowing her "knee" to fully bend.

After two more laps she is exhausted. The leg is 1cm too long, so again it is whisked away for more trimming.

**OCTOBER 18, 2012**

WITH her first support-free

steps taken, Kylie has walked her way into a new world and is even trying basketball.

Despite the emotional and physical pain, she has never complained.

"She is a gorgeous little girl, she just grits her teeth and doesn't complain of pain even though she must have had some," Mr Torode says. "She is a gem, there is no question."

"Hopefully this will make a huge difference to her life so she can walk around the village like a normal kid."

Kylie will return to Pascaris in the coming months when her walking is perfected, but will come back to Australia and the warmth of Children First Foundation for treatment when needed.

While many on Pascaris viewed Kylie's deformity as a curse, her mother, father and Kylie knew better.

"Maybe it was part of God's plan to have her in my family and for the island," Lissing says. "She is really doing well on her new leg, and I just feel like all those times I had tears in my eyes (don't matter) because this is like being in a new world, walking in a world."

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