



FREE TO TAKE HOME!

DECEMBER - JANUARY 2021 EDITION



STI's



Shin Splints



Gestational Diabetes



Over 65 and exercising?

YOUR NEXT APPOINTMENT:

ENJOY THIS FREE NEWSLETTER

Please remember that decisions about medical care should be made in consultation with your health care provider so discuss with your doctor before acting on any of the information.

www.healthnews.net.au

● PRACTICE DOCTORS

Dr Steve Gust MBBS, FRACGP, JCCA
Family Medicine, Diabetes, Skin Cancers;
Paediatrics, Travel Medicine, Anaesthetics & Lap
Band Adjustments.

Dr Victoria Hayward
MBBS (Hons), FRACGP
Family Medicine, Diabetes & Women's Health

Dr James (Jim) Lie MBBS
Family Medicine, Asthma, Diabetes, Skin
Cancers, Paediatrics, Sports Medicine &
Obstetrics.
Speaks Mandarin.

Dr Brian Malone MBBS, FRACGP, BSc, DCH
Family Medicine, Diabetes, Travel Medicine &
Skin Cancers.

Dr Bill Plozza MBBS, DipRACOG
Family Medicine, Paediatrics & Aged care.

Dr Susan Shaw MBBS, DRACOG
Family Medicine, Women's Health, Mental
Health, Asthma & Diabetes.

Dr May Ure MBBS
Family Medicine & Women's Health.

Dr Mark Zafir MBBS, DA
Family Medicine, Aged Care, Anaesthetics, Ante-
natal care, Men's Health; Diabetes, Skin Cancers
& Lap Band Adjustments.

Dr Shaza Salleh MBBS
Family Medicine, Occupational Health & Injury
Management.

Dr Lorri Hopkins
MBBS, FRACGP, DRANZCOG, DCH
Family Medicine, Ante-natal care; Asthma, Diabetes,
Paediatrics, Women's Health & Skin Cancers.

Dr Giulia Kitchin MBBS
Family Medicine & Paediatrics.

Dr Maida Akhtar
MBChB, Post Grad Dip Public Hlth, PDHIV
Family Medicine, Paediatrics, Women's Health &
Emergency Medicine. Speaks Urdu.

Dr Andrea Guenther
MD, DRCOG, MRCP
Family Medicine, Paediatrics, Women's Health,
Antenatal Care. Speaks German

Dr Pieter Austin MBChB, FRACGP
Family Medicine, Paediatrics, Geriatrics, Diabetes,
Cardio-vascular disease, skin cancers.
Speaks Afrikaans.

Dr Steve Lee MBBS, FRACGP
Family Medicine, Emergency Medicine & Skin Cancer

● PRACTICE STAFF

Practice Manager:
Charles Giliam

Practice Nurses:
Connie, Dee, Jenna, Jess,
Leanne, Liz, Penny, Emma,
Lisa & Anna Maria

Reception Staff:
Bec, Brett, Imogen, Jess,
Julie, Kate, Kaylene, Kelly,
Liz, Nette, Shauna, Carley,
Lauren, Rosemarie, Dela &
Mara

● **SURGERY HOURS**
**Monday, Wednesday &
Friday**

8.30am – 5.30pm

Tuesday & Thursday
8.30am - 7:00pm

*We closed on Public
Holidays, Saturdays &
Sundays.*

A Merry Christmas and Happy New Year to all our patients and their families and we look forward to seeing you in 2021



● PRACTICE BILLING POLICY

We are a private billing practice.

We generally bulk bill children under 16. We do not routinely bulk bill. Payment is made at the time of the consultation. If you are experiencing financial difficulties, please discuss with your Doctor or with our Practice Manager.

● SPECIAL PRACTICE NOTES

Flu Vaccinations. Flu Clinics are now running, please phone Reception to make an appointment.

Emergency or Urgent Appointments. Please notify staff if your request is urgent or requires immediate medical attention. If an immediate appointment is not available, you will be assessed by a practice nurse for appropriate Management.

After hours & Emergency. Outside our normal surgery hours go to Albany Regional Hospital if you need urgent treatment. In an emergency call 000 for an ambulance. Our doctors provide after hours services all year round. Follow the prompt on our after hours phone message if it is medically essential to talk to the on call doctor. Maternity cases are to contact the labour ward direct.

Home Visits. Any requests for home visits will be directed to the patient's GP and the visit will be made at the discretion of the treating Doctor.

Telephone Advice. To obtain advice regarding your treatment phone the practice and you will be put through to the appropriate person or you can leave a message for a return call. Phone calls will not be put through to the GP while they are consulting.

Prescriptions. Scripts should usually be requested during a consultation. You may make a short script appointment at 1.45pm which is bulk billed, otherwise there will be a charge, \$10 for non-urgent scripts not required with 48 hours; \$15 for those that are urgent and \$12 if they are posted. Please phone after 10am for script requests.

Your Test Results. It is not practice policy to routinely contact patients with test results. Doctors review all test results and will either inform the patient themselves or ask a staff member to contact the patient with appropriate instructions. Patients are strongly encouraged to phone the surgery for results after 1 week. Please phone after 10am in the morning. INRs are now done in the treatment room by the Nurse. Results are reviewed by your GP and management discussed with them.

Skin Lesions & Skin Cancers. A number of our doctors have special interest in and considerable experience treating skin lesions. Ask the doctor to check any lesions you are concerned about. A full skin check is also advisable on a regular basis. A Treatment Room Fee is charged, in addition to the doctors fee, when a skin lesion is removed.

▷ ***Please see the Rear Cover for more practice information.***



Sexually transmitted infections (STI's)

The term Sexually transmitted infections (STI's) applies to a group of infections that are predominantly spread by sexual contact. The group is diverse in both symptoms and severity. It includes Chlamydia, gonorrhoea, hepatitis B, hepatitis C (some people do not classify this as an STI) syphilis, HIV (AIDS) and herpes simplex.

The symptoms depend on the infection. The most common symptoms of an STI are pain or burning with passing urine, discharge from the penis or vagina, discomfort in the pelvis and sores on the genitals or groin. It is important to note that there may be no symptoms.

The best form of treatment is prevention so practising safe sex is the key. It is also important to have STI screening tests if you are sexually active and not in a monogamous relationship. This can be arranged by your GP and involves both a blood and urine test.

Treatment depends on what is diagnosed.

Chlamydia is by far the commonest STI and is easily treated with antibiotics. Gonorrhoea and syphilis are also treated with antibiotics. Treatment for hepatitis or HIV is far more complex. Fortunately, these conditions are less common. There is a vaccination against hepatitis B.

If you have any symptoms you are concerned about, ask your GP. If you are diagnosed with an STI, it is important to notify people you have been with so they can be treated too. Some STIs have to be reported by your GP to the health department who track cases of some infections. Do not be alarmed about this.



Gestational Diabetes

This is a rise in blood sugar during pregnancy, which generally returns to normal after giving birth. It affects 3% to 8% of pregnant women and typically starts between week 24 and 28, hence there is routine blood testing for glucose at this stage of pregnancy. The test is a glucose tolerance test where blood is taken before and after consuming a glucose drink

Risk factors for gestational diabetes include being overweight, being over age 30, having a family history of diabetes and having had gestational diabetes in a prior pregnancy. People of Chinese Polynesian, Vietnamese and Indigenous Australian background are at increased risk.

During pregnancy, hormones from the placenta help the baby grow. However, they can block the effects of maternal insulin leading to insulin resistance. It is estimated that insulin requirements when pregnant can be three times normal. For some people, the body doesn't handle the load and thus gestational diabetes develops. When insulin levels drop post-delivery, blood sugars can return to normal.

Gestational diabetes increases your chances of developing Type 2 diabetes later in life, but it is not a given. It does not mean your baby is born diabetic.

Eating a healthy diet, doing regular exercise and maintaining a healthy weight all reduce the risk.

If you have gestational diabetes, it is important to monitor and control sugar levels in the bloodstream. This means eating a healthy diet low in sugars and refined carbohydrates. You may benefit from seeing a dietician. Regular exercise helps.

Shin Splints

Shin splints are a common condition seen in runners and those who play sports involving running and rapid acceleration.

The exact cause is not known but is thought to be due to repeated stress on the shinbone, and it's attaching connective tissue. It is more common in females and those with a previous leg injury and in those often running on hard or uneven surfaces.

The typical symptom is pain in the shin with running. There may be associated swelling. At first, the pain is when one starts running and eases after warming up. As the condition advances, pain persists for longer and can even continue after ceasing exercise.

Diagnosis is based mainly on the history. There is no diagnostic test. X-rays (or rarely, an MRI scan) may be done to rule out other causes such as a stress fracture.

There is no specific treatment. Ice packs and simple painkillers provide symptom relief in the short term. Rest and avoiding activity, which worsens the pain, is key. However, you don't need to stop all exercise. Swimming or walking in water are two options to maintain fitness.

Attention to training techniques can be helpful. Use of orthotics or insoles may also help as can change of shoes. For the more serious athlete, having a biomechanical assessment of their running style may lead to technique changes, which are beneficial.



<https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/shin-splints>

<https://www.diabetesaustralia.com.au/about-diabetes/gestational-diabetes/>



Over 65 and exercising?

Work on strength, balance & coordination.

We often think of exercise as running swimming or other cardiovascular type pursuits. This is important for fitness, but other exercises can be just as important. As we get older resistance (or weights) based exercise maintains bone strength and also muscle mass. This reduces the chances of getting osteoporosis (brittle bones) and sarcopenia (loss of muscle mass). You are never too old.

Research in NSW looked at resistance

training in people with an average age of 89 and found that people could make new muscle at the age of 102! And you do not have to be Arnold Schwarzenegger.

Start with lighter weights and increase slowly. You do not have to purchase weights. Exercises using the body's own weight such as push-ups can be very effective. Consider getting input from a physiotherapist or trainer. Do not try to be a hero!

Exercise that improves balance and

coordination can reduce the chances of falls, which is increasingly important as years go by. Pilates, yoga, Tai Chi are three examples. Start at a low level and increase slowly. Get good instruction, so you do it right.

The key to exercise is consistency, doing exercise that you enjoy and of course, not getting injured. Those exercising regularly enjoy better mental health and tend to be more resilient. The risks of heart disease stroke and bowel cancer are lowered too.

 [https://www1.health.gov.au/internet/main/publishing.nsf/content/F01F92328EDADA5BCA257BF0001E720D/\\$File/Tips&Ideas-Older-Aust-65plus.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/content/F01F92328EDADA5BCA257BF0001E720D/$File/Tips&Ideas-Older-Aust-65plus.pdf)

Migraine

A migraine headache is a particular form of headache characterized by being one-sided and accompanied by nausea or vomiting and sensitivity to light. It can be preceded by a sensory warning (aura) such as flashes of light or tingling.



The term has come to be used to describe a severe headache, but whilst most migraines are severe in nature, not all severe headaches are migraines.

The exact cause is not known. Theories revolve around circulation to the brain and changes in serotonin levels within the brain. Both genetics and the environment play a role.

Around 90% of sufferers have a family history of migraines. Women are three times more likely to have migraines. Generally, they start before age 40. There are thought to be hormonal influences in some women as migraines may be more prevalent around the time of periods.

Some triggers include certain foods (alcohol, cheese, chocolate and MSG), stress, certain medications (e.g. The contraceptive pill) bright lights, strong smells and sudden changes in atmospheric

pressure. However, for many people, there are no identifiable triggers.

There is no specific test for migraine. It is diagnosed on history. Where tests are done it is to exclude other causes of headaches.

Treatment is with painkilling medications. Milder migraines may respond to over the counter tablets, but others will need prescription painkillers. Some specific migraine headache medications can be prescribed. They are only useful in migraine headaches but do not work for everyone. Ask your doctor about this. There are also preventative medications for people who have frequent migraines. Some new biologic medications have recently been approved for this use. None are an absolute cure.

Simple measures that can help are maintaining good hydration, getting enough sleep, managing stress and avoiding known triggers where possible.

 <https://headacheaustralia.org.au/migraine/migraine-a-common-and-distressing-disorder/>



CHRISTMAS CAKE

Ingredients

- 3 cups (approx. 500 grams) sultanas
- 1 1/2 cups (approx. 250 – 270 grams) raisins
- 1 cup (approx. 150 grams) currants
- 1 cup (approx. 150 grams) pitted dates, roughly chopped
- 100g red glazed cherries, quartered
- 1/2 cup (approx. 75grams) craisins
- 1/2 cup (approx. 75grams) dried pineapple, roughly chopped
- 2 teaspoons finely grated orange rind
- 1/4 cup (approx. 50 grams) mixed peel 185ml
- 3/4 cup brandy
- 4 eggs (75grams eggs)
- 250g butter, at room temperature
- 200g of brown sugar
- 2 cups plain flour
- 2 teaspoons of mixed spice
- Red Glazed Cherries and Blanched almonds to decorate

Method

1. Combine sultanas, raisins, currants, dates, cherries, craisins, pineapple, mixed peel, brandy and orange rind in a large bowl.

Cover with plastic wrap and set aside, stirring occasionally, for a minimum of 2 days to macerate. The longer this is left the more the flavours will develop.

2. Preheat oven to 150°C. Brush a round 22cm (base measurement) cake pan with melted butter to lightly grease and line the base and side with 3 layers of non-stick baking paper.

3. Beat butter and sugar in a bowl until pale and creamy (an electric beater is preferred). Add eggs, 1 at a time, beating well between each addition until just combined. Add butter mixture to fruit mixture and stir to combine. Add mixed spice and stir until well combined. Spoon into prepared pan and smooth the surface. Lightly tap pan on benchtop to release any air bubbles. Arrange almonds and cherries on top of the cake.

4. Bake in oven, covered with foil, for 2 hours 40 minutes to 3 hours or until a skewer inserted into centre comes out clean. Drizzle hot cake with extra brandy. Set aside to cool before turning out.



This practice wishes you a very Merry Christmas and Happy New Year!



The Surgery

● MORE PRACTICE NOTES

Chronic Disease Management Our practice will prepare a plan to ensure conditions such as Asthma, Diabetes, Heart Disease, and Osteoporosis and also Mental Health Problems are properly managed. If you have a chronic condition ask your GP about a plan. Help us to help you.

Recall & Reminders. Our practice uses a Recall and Reminder system to flag patients for preventative health care. We recall patients for health assessments and checks, skin checks, breast checks, pap smears, colonoscopies, IUD and Implanon removal. This surgery participates in State & National registers.

Patient Feedback. We would like to hear about your concerns, complaints or suggestions. Please feel free to talk to your GP or the Practice Manager regarding any issues. If you prefer to make your concerns known outside the surgery, you can call the Western Australian Health & Disability Services Complaints Office on 1800 813 583

Patient Privacy. Our practice protects your personal health information to ensure it is only available to authorised staff and to comply with the Privacy Act. To obtain a copy of our Privacy Statement or your medical records, please ask.

Telehealth. Our practice is fully set up for video conferencing with participating specialists. Using Telehealth may save you time and travel costs; ask your GP and Specialist for advice.

My Health Record. Our practice is participating in the My Health Record program. If you wish to activate your My Health Record or would like to know more please ask your doctor or discuss the issue with our Practice Manager.

On Line Appointments. You can make appointments from our website www.thesurgery.net.au or through Healthengine: <https://healthengine.com.au>

Communication Policy. We use mail, facsimile & secure electronic email to transmit patient information. If you have a mobile phone we will send an SMS to confirm appointments. Patients can contact us via our website for non-urgent matters.