

FREE TO TAKE HOME!

FEBRUARY - MARCH 2021 EDITION

● 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.

● 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.

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

Dr Tom Isinkaye
BSc (Hons), BM BS, PGDip (ClinRes), MRCP (UK)
General Medicine, Aged Care and Sports & Exercise
Medicine. Speaks Portuguese.

● PRACTICE STAFF

General Manager:
Charles Giliam

Manager Patient Services
Dee Maquire

Practice Nurses:
Elizabeth Quinn (Nurse
Manager), Connie, Jenna,
Jess, Leanne, Penny, Emma
& Lisa

Reception Staff:
Kate Stanhope (Office
Manager), Bec, Brett,
Imogen, Jess, Julie, Kaylene,
Kelly, Liz, Nette, Shauna,
Carley, Lauren, Rosemarie
& Dela

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

8.30am – 5.30pm

Tuesday & Thursday

8.30am- 7:00pm
*We closed on Public
Holidays, Saturdays &
Sundays.*

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.**



Schoolyard bullying



Positive attitude



What is 'normal' in puberty?



Cataracts

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



Positive attitude

We all see the world through our own eyes, which is why the adage about the half-full glass is apt. The difference is not the amount of water in the glass but the way we see it.

Having a positive attitude can be seen as trite or even linked to the American self-help movement – but don't dismiss it. We all feel better when we take a positive view on things. It gives us hope, keeps us motivated and helps us get through events in life.

Having a positive attitude does not mean we see everything as good and does not mean some things don't make us sad. It means that we look for the proverbial silver lining in any situation. It means that we start from a position of "I can make this work" rather than "I don't think this will work".

When it rains, we can choose to grumble about needing an umbrella or be happy that the plants get water. When stuck in traffic, we can stress about the car in front of us or be glad to have some quiet time to listen to music.

We have choices in life.

In any situation, getting you down ask yourself this simple question - what is the worst thing that can happen. You will generally be pleasantly surprised at how benign the answer is.

Schoolyard bullying

Bullying in the schoolyard is not new, but awareness has grown, and it is (rightly) no longer accepted or hushed up.

Bullying is an ongoing use of strength or position to intimidate someone or force them to do something. Cyberbullying is new in this generation. Previously a nasty "note" could be passed around a class and be seen by some. Today millions can see a comment on line. But not every childhood taunt represents bullying.

As many as one in three school-aged children may have been subject to bullying. It is more common in middle school than senior school. Emotional bullying is most common, followed by physical acts like pushing tripping or shoving. Mostly it happens at school or nearby with surprisingly little on school busses.

Cyberbullying is less common in middle years but more so in senior school.

Victims may display low self-esteem, difficulty in trusting others, isolation and emotional upset. Often bully's too have emotional or other problems.

For parents, the key is to know what is happening. Make it a habit to ask how are things at school. Ask open rather than yes/no questions. Ask general questions about how they are feeling or what's happening with their friends.

Ensure your child knows that help is available and that they can talk to you about any concerns. For you, the school is the first port of call for any concerns. They have programs in place to deal with bullying and want to stamp it out.

<http://www.kidspot.com.au/schoolzone/Bullying-Facts-and-figures-about-bullying+4065+395+article.htm>

Endometriosis

This is a condition where endometrial cells (which normally line the uterus) grow outside the uterus. The most typical sites are on the ovaries, bowel, fallopian tubes and pelvis lining.

The endometrial cells behave in the same way as they would in the uterus. They thicken and then break down and bleed each cycle. However, the cells are trapped and can't leave the body.

The cause is not known. Risk factors are; a positive family history, never having given birth, and short menstrual cycles. There is, unfortunately, nothing specific that can be done prevention wise.

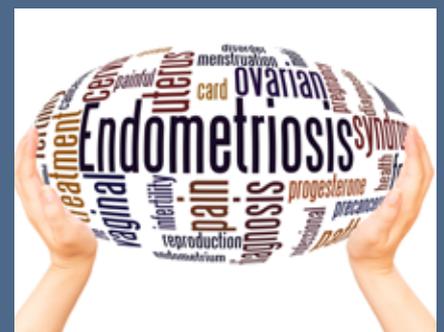
Common symptoms are painful periods, pain with intercourse, and heavy menstrual bleeding. Some may have pain on bowel motions, fatigue, bloating and nausea. The range is from mild to severe. The main

complication is infertility. Most women with endometriosis will still be able to conceive.

Diagnosis is based on the symptoms, a pelvic examination and an ultrasound of the pelvis. In some cases, a laparoscopy may be needed. You can be referred to a gynaecologist.

Simple painkillers may suffice. Warm baths and heat packs can help relax the pelvic muscles easing cramps.

Hormonal treatments, including use of the contraceptive pill, may help. In more severe cases, surgery is performed whereby



endometrial cysts are removed. In the most severe instances, hysterectomy may be needed.



What is 'normal' in puberty?

A normal part of life, puberty is the time when children start turning into adults. Technically it is the development of the capacity to reproduce (sexual maturation). 95% will start between the ages of eight and 14 (girls) or nine and 14 (boys). The process generally goes on for three to four years.

Together with the development of secondary sexual characteristics, there is also a period of rapid growth. For many, there are emotional changes too. With girls, parents worry about the onset of periods. These generally start two years after the onset of breast development. In boys, the worry is about later puberty and later onset of the growth spurt. There is no need for medical concern in either case.

The appearance of pubic hair does not indicate the onset of puberty. This comes from an increase in the production of androgens (male sex hormones) by the adrenal gland. It is a separate process and may happen simultaneously but can start up to two years earlier.

Precocious puberty is onset before age eight (girls) or nine (boys) and warrants a medical check as does lack of commencement by age 14. For some, a specialist referral may be needed.

Many of the puberty problems are more to do with changes in the adolescent's life which occur at the same time rather than being due to puberty itself. Have a chat with your doctor about supporting your child or about any concerns you may have.

Cataracts

This is the leading cause of blindness and vision loss worldwide. Cataracts occur when the lens of the eye goes cloudy or opaque. Around 10% of Australians have cataracts increasing from 4% of 50-59 year olds to over 60% of 90-year-olds.

Advancing age is the most typical cause. Trauma, radiation exposure some drugs (e.g. steroids) and metabolic conditions (e.g. diabetes) can also lead to cataracts. Women are more affected than men. Indigenous Australians, Caribbean or African Americans are more prone than Caucasians. Smoking and excess alcohol consumption are also risk factors.

Cataracts are classified by their level of maturity (progression), cause, or appearance. Nuclear cataracts are the most common affecting the centre of the lens. A "mature" cataract is one where the whole lens is opaque. Reduced visual acuity (ability) is the hallmark symptom. The onset is gradual and progression slow but constant in most instances. If only one eye is affected, it may not be noticed for quite a while as the other eye "compensates".

Cataracts are easily diagnosed on examination. When looking in the eye with an ophthalmoscope, your doctor can see a cataract. Those over 40 are advised a regular eye check with an ophthalmologist who can do



other eye assessments simultaneously. Your GP can refer you.

Treatment for cataracts is surgical removal and insertion of an intra-ocular lens. This is done when symptoms warrant it, and prescription glasses no longer are helping. This may be

many years from the time of diagnosis.

The procedure is generally done under local anaesthetic, and you will be in and out in a few hours. Recovery is quick. The eye is padded for a short period of time, and you will be prescribed drops post operatively.



BRAISED BEEF CHEEKS WITH TORTILLAS

Ingredients

- 1 dried ancho chilli (or more to taste)
- 4 garlic cloves, crushed
- 1 tablespoon tomato paste
- 1 tablespoon honey
- 2 teaspoons ground cumin
- 1 teaspoon smoked paprika (pimenton)
- 1/3 cup (80ml) olive oil
- 4 beef cheeks, trimmed
- 2 cups (500ml) beef stock
- Juice of 2 limes
- Small corn tortillas, lightly grilled
- 1 avocado, chopped
- 2 butter lettuces, outer leaves discarded
- Sour cream, to serve
- Red onion, to serve
- Coriander, to serve
- Fetta Cheese, to serve

Method

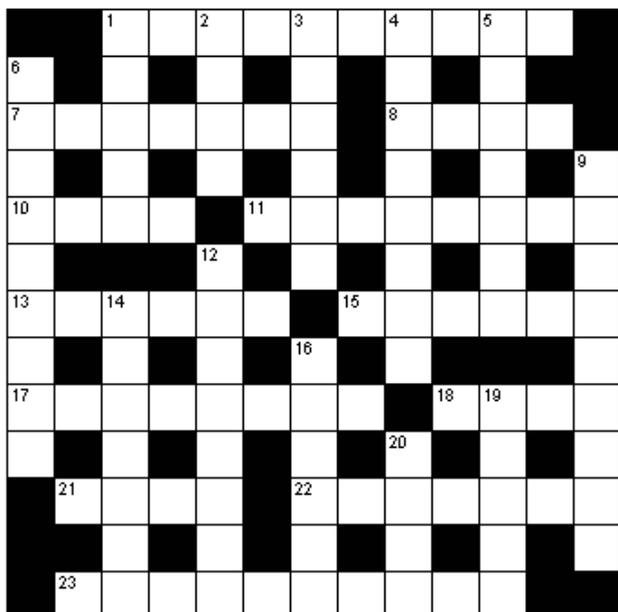
1. Place the ancho chilli in a bowl and cover with 1/2 cup (125ml) boiling water. Soak

for 10 minutes or until softened. Place the chilli and soaking water in a small food processor with the garlic, tomato paste, peanut butter, honey, cumin, paprika, 2 tablespoons oil and 1 teaspoon salt and whiz until a paste. Transfer to a bowl, toss the beef cheeks in the marinade, cover and chill in the fridge overnight.

2. Preheat the oven to 180 degrees. Heat 2 tablespoons oil in a flameproof casserole dish over medium-high heat. Remove the beef from the marinade (reserving marinade) and brown. Add stock, lime juice and reserved marinade to the casserole dish, then cover and cook in the oven for 3 hours or until the meat is tender. Remove from the oven and cool slightly. Remove beef from the braising stock and shred, using 2 forks.

3. For serving, place the shredded beef on the tortillas with avocado, lettuce, sour cream, pickled red onion and coriander.

CROSSWORD



Across

- 1 Credible (10)
- 7 Chic (7)
- 8 Arrange in order (4)
- 10 Cook in an oven (4)
- 11 First showing of a film (8)
- 13 Uncover (6)
- 15 Northern Ireland (6)
- 17 Roomy (8)
- 18 Warmth (4)
- 21 Orient (4)
- 22 Bishop's district (7)
- 23 Unnecessarily (10)

Down

- 1 Fracture (5)
- 2 Flesh without fat (4)
- 3 Whole (6)
- 4 Put together (8)
- 5 Of greatest size (7)
- 6 Robin (9)
- 9 Rued (9)
- 12 Helped (8)
- 14 Mollify (7)
- 16 Obstacle (6)
- 19 Sorrowful poem (5)
- 20 Throw carelessly (4)

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 mail 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.