

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 Z Albrekany

Dr W Barnetson

Dr R Bermudez

(Female)

Dr P Burke

Dr S Cox

(Female)

Dr B Hodge

(Female)

Dr J Kelly

(Female)

Dr P Sankpal

Dr S Sisifa

Dr M Teng

Dr M Waechter

Dr O Zitoun

Dr D Cahill

Dr S Lumbes

Dr Champika

(Female)

Dr Methira

(Female)

Dr T Phan

Dr John Ring

(Gastroenterologist)

Dr Jasmin Grewal

(Cardiologist)

Dr Natalie Marijanovic

(Endocrinologist)

Dr Chazan

(Respiratory Physician)

Dr M El Souki

● PRACTICE MANAGER

Leeanne Gregory

● PRACTICE NURSES

Joel, Linda, Kylie, Jill, Mie Mie, Casey, Krystal & Mary

● SURGERY HOURS

7 days a week **8am – 10pm**

Chemist on site, same hours.

Xmas day.....9am - 6pm

● HEALTHSCAN SPECIALIST IMAGING

X-ray. Monday to Friday **9am–5pm**

● AFTER HOURS & EMERGENCY

For after-hours medical advice and attention ring **9749 2766** - you will be given a contact phone number for the practice doctor on call.

In emergencies eg. chest pains/collapse, it may be more appropriate to call an ambulance on **000**.

There is also an available doctor on duty after hours at the Urgent Medical Care Unit at the Werribee Mercy Hospital. The closest major 24-hour casualty services are at Western Hospital Footscray (general) and Western Hospital Sunshine (children).

● SPECIAL PRACTICE NOTES

Appointments. Appointments now available on-line via our website www.wyndhamhealthcare.com.au or over the phone.

You are free to see any of our doctors, but we encourage you to see the same doctor for any return visits for an ongoing condition.

Identified emergencies will be attended to immediately.

Home visits are available for regular patients whose condition prevents them from attending the clinic.

Summer Awareness: Slip, Slop, Slap. Skin checks. Hydrate, especially if you are wearing masks in the heat.

Telehealth: Has been extended till March 2021

Overseas Student Insurance Accepted: Bupa, Medibank/AHM, Allianz OSHC, NIB/IMAN.

● SPECIAL PRACTICE NOTES

Telephone Access. Emergency calls will be put straight through to the doctor. For non-urgent calls, messages can be left for your treating doctor to answer.

Billing arrangements. We direct-bill Medicare. Please bring your Medicare card to your appointment. Payment can be made by cash, cheque or credit card for private accounts and non Medicare Card holders.

Patient Privacy. Your medical record is a confidential document. It is the policy of the practice to maintain security of personal health information at all times and ensure this information is only available to authorized members of staff and to comply with the Privacy Act. To transfer of medical records, fees may apply.

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, you can contact the Office of the Health Services Commissioner on 8601 5200.

Interpreter Services. For patients experiencing language difficulties a translator can be arranged. Please discuss this need with the reception staff when making your appointment.

Self Identification. To help us meet your specific health needs we encourage you to self identify your cultural background to your doctor i.e.: Aboriginal or Torres Strait Islander.

Emergency Contact Details. Please notify staff if you have changed your address or phone number. To allow us to contact someone for you in an emergency should the need arise, please ensure we have an emergency contact name & phone number.

Test Results. Results are checked daily by the doctors. If they need to be followed up, the doctor will either:

- Doctor will advise you about follow up at your appointment or
- Request a member of the reception staff will call you to make an appointment to come into the clinic to discuss results.

Follow Up. Our practice is committed to ongoing preventative care. We have a recall system in the form of reminders for patients, unless declined, requiring follow up for pap smears and procedures including colonoscopies and gastroscopies. If you do not wish to be included in our reminder system, please tell your doctor. This surgery participates in State & National registers.

▷ **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.

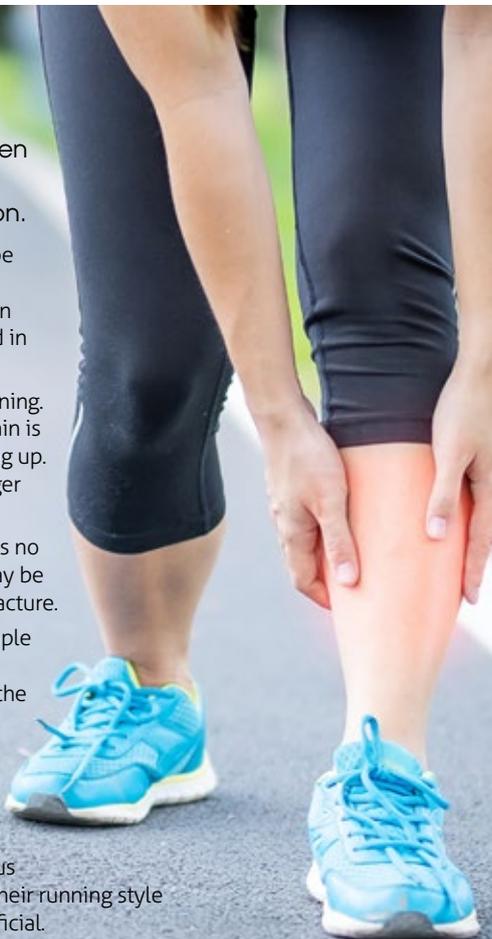
The exact cause is not known but is thought to be due to repeated stress on the shinbone, and it's attaching connective tissue. It is more common in females and those with a previous leg injury and in those often running on hard or uneven surfaces.

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/>

● **OTHER HEALTH SERVICES**
(Costs may apply. Please enquire at reception)

- Psychologist
- Audiologist
- Podiatrist
- Diabetes Educator
- Dietician
- Chiropractor
- Physiotherapist
- Cardiologist
- Incontinence Physiotherapy for females only
- Exercise Physiologist
- Respiratory Physician
- Remedial Massage Therapist

● **GENERAL PRACTICE SERVICES**

(Ask your GP if you are eligible)

- Chronic Disease Management Plan (EPC)
- Refugee Health Assessment
- Mental Health Care Plans
- Diabetes Risk Assessment
- Aboriginal & Torres Strait Islander Health Assessment Child/ Adult/ Older person
- 45-49 year old Health Assessments
- 75+ year old Health Assessments
- Refugee Health

● **CHIROPRACTIC SERVICES**

Our Chiropractor, Minh Pham, will tailor treatment to promote a healthy spine. Symptoms such as neck stiffness, headaches, upper and lower back pain can be managed with gentle chiropractic techniques and exercise programs. For a referral via Medicare's EPC, please speak with your GP or contact reception for an appointment. Private health insurances are accepted.

● **REMEDIAL MASSAGE THERAPIST**

Our qualified Remedial Massage Therapist Margie graduated from MMIT in early 2018. Margie specialises in Deep Tissue, Pregnancy and Relaxation massage. Margie's clients include AFL & NRL players with chronic health conditions. Margie has a passion for massage and believes everyone can benefit from a massage treatment. Please call reception for prices and to make a booking. TAC & Workcover clients accepted.

This practice has a no smoking policy.



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!