

FREE TO TAKE HOME!

## FEBRUARY - MARCH 2021 EDITION

### ● 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 M El Souki**

**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.

### ● HEALTHSCAN SPECIALIST IMAGING

X-ray. Monday to Friday 9am–5pm



Schoolyard bullying



Positive attitude



What is 'normal' in puberty?



Cataracts

### ● 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](http://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.

**Back To School/Kindergarten:** Check your Immunisations & Asthma plans are up to date.

**Telehealth:** Is available for all regular patients who have attended the clinic within a 12 month period.

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.*

### 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](http://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.

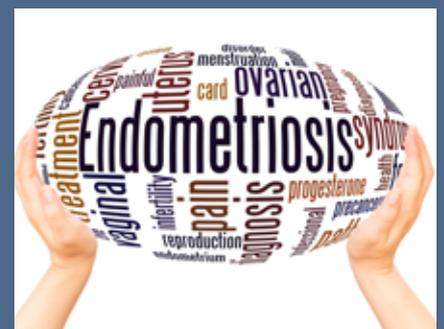
Common symptoms are painful periods, pain with intercourse, and heavy menstrual bleeding. Some may have pain on bowel motions, fatigue, bloating and nausea. The range is from mild to severe. The main

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.

● **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 Chiropractors, Minh Pham & David Le, 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.**



**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
- Corriander, to serve
- Fetta Cheese, to serve

**Method**

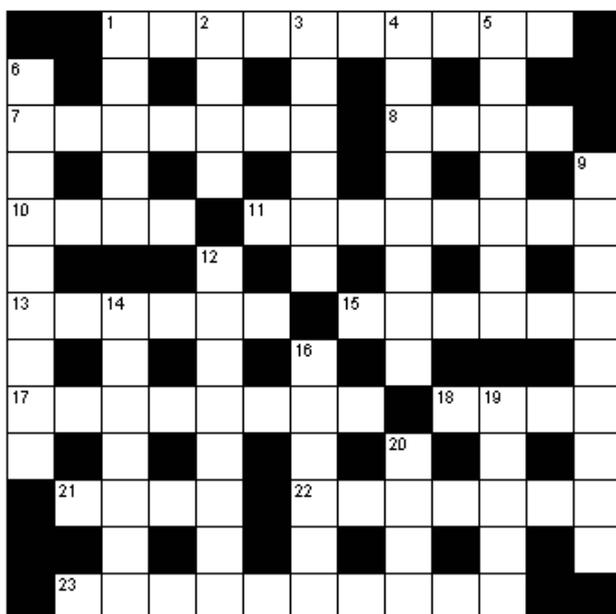
1. Place the ancho chilli in a bowl and cover with 1/2 cup (125ml) boiling water. Soak

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)