

FREE TO TAKE HOME!

AUGUST - SEPTEMBER 2017 EDITION



Diabetic Retinopathy



Iron for Vegetarians



Vaginal Thrush



Enlarged Prostate

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 Diane Blanckensee (Director)

MBBS, FRACGP
All aspects of General Practice

Dr Austin Sterne (Director)

MbChB, FRACGP, DipFP
Men's Health, Skin Cancer Medicine, Chronic Disease Management & Diabetics

Dr Jenni Soden (Director)

MBBS(Hons), FRACGP
All aspects of General Practice

Dr Bruce Edington - MBBS, FACRRM

Aboriginal Health & Men's Health

Dr Matthew Cardone

RACGP (Diploma of Child Health)
Children's Health, Skin Cancer Medicine & Men's Health

Dr Stella Ward - MBChB FRACGP

Family Planning, Women's Health, Aged Care, Adolescent Health & Skin Cancer Medicine

Dr Erin Evans - MBBS, FRACGP

Women's Health, Skin Cancer Medicine, Children & Adolescent Health

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MBBS, MMed, FSCCA, FRACGP
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Dr Bernard Baguley

MBBS, Dip.RANZCOG
Family Medicine, Women's Health, Men's Health and Paediatrics.

Dr Greg Cusick

Speciality in skin cancer.

Dr Victoria Hunt - MBBS, FRACGP

Women's Health, Aged Care, Chronic Disease management.

Dr Renae Myhill - MBBS, FRACGP

Palliative Care and Mental Health.

Dr Brent Williams - MBChB

Sports medicine, skin cancer medicine and mental health.

Dr Joel Hissink

BSc MBBS (Hons), FRACGP (Diploma of Child Health)
Dive Medicine and children's Health

Dr Jean Ashton - MBBS, FRACGP

Men's Health, Chronic Disease Management and adult medicine.

Dr Judd McClelland

Dr Christopher Ng

Dr Katherine Lynch

Dr Zabrina Kingston

Dr Alice Crowley

Dr Mimi Le

Dr Grant Rogers

● PRACTICE STAFF

Practice Manager: Alana

Assistant Manager: Regan

Nurse Manager: Tara

Practice Nurses: Tara, Gerard, Mary, Annabel, Emily, Alex, Heather, Cathy, Amanda, Stevi, Belinda, Emma, Kate, Samantha, Kelly, Jackie & Bridie

Administration Assistant: Karina

Reception Manager: Nakiah

Reception Staff: Louise, Julie, Maureen, Zak, Jodie, Lyn, Romany, Alivia, Mano, Jasmine, Shelley, Lillana, Nicole, Julie, Bianca, Colleen & Linda

● SURGERY HOURS

Monday – Friday 7.30am – 7.30pm

Saturday & Sunday 8.00am – 1.00pm

● AFTER HOURS & EMERGENCY

Chevron After Hours Doctors. Phone: 5532 8666

Monday – Friday 6pm – 8am

On weekends & public holidays 24Hrs

● BILLING ARRANGEMENTS

We believe in providing affordable high quality health care.

Monday to Friday the following groups are Bulk Billed:

Children under 16 Pension cardholders (not including HCC)

Department of Veterans Affairs cardholders.

Discounted Rates apply to Health care cards holders.

We DO NOT Bulk Bill on the Weekends but a concession rate is offered to the above mentioned groups.

Payment can be made by cash, credit card or EFTPOS.

Please visit our website www.thesc.com.au for our full fee schedule.

● APPOINTMENTS

Consultation is by appointment. Urgent cases are seen on the day.

ALL CHILDREN WILL BE SEEN ON THE DAY.

Home Visits. If you require a home visit for special reasons, please request this first thing in the morning.

Booking a long appointment is important for more complex problems – insurance medical, health review, counselling, a second opinion, etc. This may involve a longer wait. Please bring all relevant information.

Please notify us if you are **unable to attend an appointment**, well in advance.

If **more than one person** from your family wishes to see the doctor at the same time, please ensure a separate appointment is made for each family member.

● OTHER SERVICES

Practice doctors are experienced in the broad range of health problems affecting all age groups.

- Travel Vaccinations
- Podiatrist
- Speech Pathologist
- Physiotherapist
- Midwife
- Exercise Physiologist
- Psychologists
- Dietician
- Pathology
- Audiometry
- Dentist
- Occupational Therapy
- Visiting Specialists (Vascular, Geriatrician, Endocrinologist)
- Optical

▷ Please see the Rear Cover for more practice information.





Reflux in infants

Stomach-acid rising into the gullet (or oesophagus) causes reflux. The typical symptom in adults is a burning sensation in the lower chest – ‘heartburn’ but reflux can occur at any age.

In infants the symptoms can include vomiting or regurgitation, difficulty with feeding, sleep disturbances, crying (especially during or after feeds) and irritability. None of these are absolutely specific. They may be regular or intermittent. It ranges from mild to severe. Reflux can occur in both breast and bottle-fed babies.

Diagnosis is not always straightforward and is largely based on history. It is rare for any tests to be done.

There are many simple things that you can do to alleviate reflux. Feed your baby while upright keeping the body straight and head higher than the stomach. Avoid placing baby on their back immediately after feeding. Avoid overfeeding. Changing nappy before a feed can help by reducing pressure on the abdomen as does avoiding tight

clothes. Gently ‘burp’ baby after feeds. Give smaller feeds more frequently.

Occasionally, reaction to foods is involved. This is more likely if allergies run in the family or the baby has other allergy problems such as eczema.

For bottle fed babies a change in formula can help. Rarely it helps to change the breast-feeding mother’s diet because something she is eating is getting across in her milk.

In a small percentage of cases simple measures are not enough and medication (generally a proton pump inhibitor) may be prescribed. The medication blocks acid production. This will improve symptoms but, by blocking acid, the absorption of some minerals including iron can be reduced. The tablets are dissolved in water or can be made up as a liquid by the chemist.

In most cases the situation will improve by itself or without medication. Talk to your doctor about any concerns you have with your baby’s feeding. ■

 Weblink http://www.reflux.org.au/category/articles/general_management_tips/

Vaginal Thrush

Thrush is caused by the fungus *Candida albicans*. While it is part of healthy vaginal flora, in certain circumstances it can multiply excessively and lead to typical thrush. About 75% of women will experience thrush at some stage while some get it frequently.

Risk factors include being on an antibiotic, wearing tight fitting clothes such as jeans, wearing synthetic underwear and wet swimwear. The contraceptive pill can also be a risk factor. Conversely preventative factors include wearing cotton underwear and taking a probiotic.

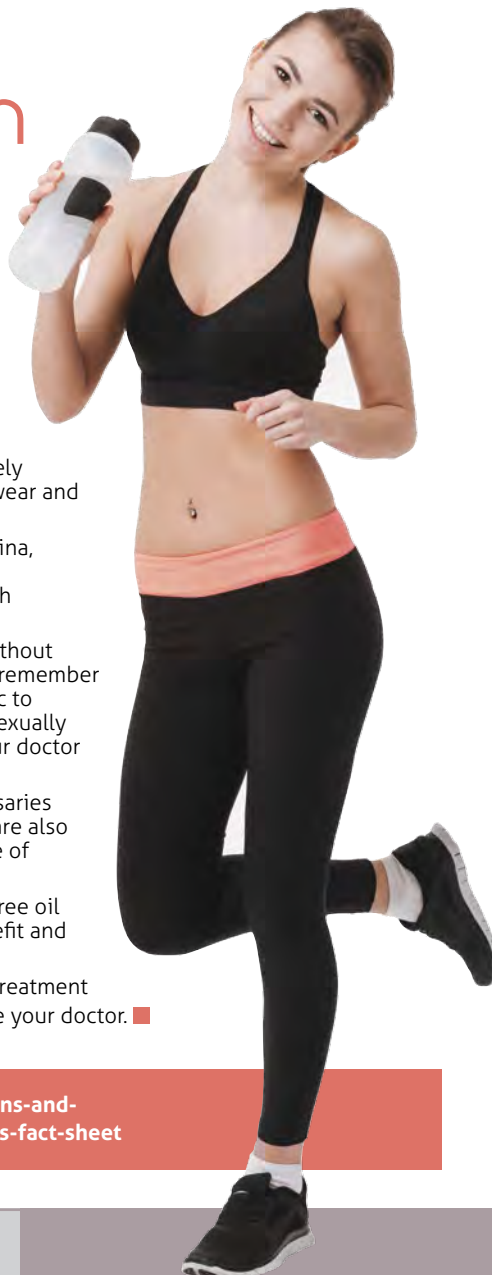
Symptoms are a thick white discharge from the vagina, itchiness and redness at the vagina and vulva and sometimes burning with passing urine and pain with intercourse.

Many women self diagnose and seek treatments without prescription. While this can work, it is important to remember that the symptoms are not always typical or specific to thrush. If there is a chance of having contracted a sexually transmitted infection (STI), then it is vital to see your doctor and have the necessary tests done.

Treatment for thrush is an anti-fungal cream or pessaries to be applied between one and seven days. There are also anti-fungal tablets, which can be taken orally. Some of these are available without prescription.

Self-help treatments such as yoghurt, vinegar, tea-tree oil and garlic are popular but are of questionable benefit and can cause irritation.

If symptoms do not resolve with over-the-counter treatment or if you have recurrent thrush it is important to see your doctor. ■



Questions for home

- Babies often ‘grow out of’ reflux. While we are waiting for this to happen, in babies with personal or family allergies, is it worth a trial of change in formula or maternal diet?
- Sometime the sexual partner, usually a male, has signs of thrush and may be a source of infection. Cream on them or antifungal lozenges can help. Which drugs consistently bring on thrush in some women?
- Vegan vegetarians, through their more strict diet, can become low in what - B or C vitamins?
- What is the most common cause of blindness in working-age people, macular degeneration or diabetic retinopathy?

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3	4	9	2	6	7	8	5	1
1	5	8	4	9	3	2	6	7

Sudoku Solution

 Weblink <http://womhealth.org.au/conditions-and-treatments/thrush-and-other-vaginal-infections-fact-sheet>

Enlarged Prostate

The prostate gland sits under a man's bladder. As men get older it slowly enlarges. It is thought to double in size between ages 21 and 50 and double again between 50 and 80 and we don't know why.

Benign prostate enlargement (BPH) is universal but not all men experience symptoms nor need treatment. It is important to note that prostate cancer can also cause prostate enlargement but is a completely separate condition to BPH.

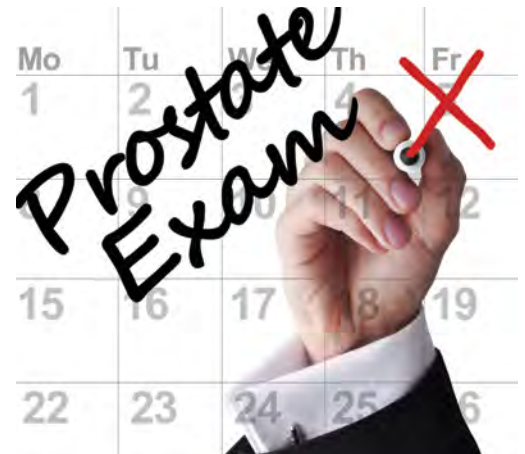
BPH is not life threatening but the symptoms can impact on quality of life.

Typical symptoms in men over 40 include hesitancy (waiting longer for urine flow to start), a weakened and/or poorly directed stream, straining to urinate, dribbling, frequency, an increased feeling to urinate and night-time pit-stops. Most men do not

get all symptoms and severity varies.

Diagnosis is generally based on symptoms. An examination of the prostate may be done as well as a blood test for prostate specific antigen (PSA).

Treatment also depends on symptoms. In mild cases it can be as simple as restricting fluids later in the day and reducing alcohol and caffeine. Medications can be used to ease most of the symptoms. In more severe cases surgery can be performed. Historically this was the removal of the prostate but newer procedures using laser removal or prostate stapling are now an option. ■



 [Weblink https://www.andrologyaustralia.org/prostate-problems/prostate-enlargement-or-bph/](https://www.andrologyaustralia.org/prostate-problems/prostate-enlargement-or-bph/)



Iron for Vegetarians

Iron deficiency is a potential problem for those on a vegetarian or vegan diet. This is particularly the case for women whose daily iron requirements (especially in reproductive years) because of menstruation are greater than for men. Iron is essential for red blood cells, which carry oxygen around the body. Iron deficiency leads to anaemia, which causes fatigue, headache and weakness.


There are two forms of dietary iron in food, haem and non-haem. The former is more easily absorbed and makes up 40% of iron in animal-based foods. Eggs, vegetables and other foods have more non-haem iron, which is less readily absorbed.

However there are plenty of non-haem foods you can include including tofu, legumes (lentils, kidney beans), broccoli, Asian greens, spinach, kale, cabbage, nuts (especially cashews and almonds) dried fruits (especially apricots) and

seeds (such as sunflower seeds and tahini).

Absorption of iron is enhanced by vitamin C so combining the above foods with citrus fruits, kiwi fruit, tomatoes or capsicum helps. Spinach, cabbage and broccoli are good sources of both. Calcium and zinc can impair iron absorption.

If you have any concerns about iron levels, see your doctor. You may need blood tests to assess your levels. ■

 [Weblink http://www.mydr.com.au/nutrition-weight/iron-intake-for-vegetarians](http://www.mydr.com.au/nutrition-weight/iron-intake-for-vegetarians)

Diabetic Retinopathy

This is one of the complications of diabetes and is damage to the retina at the back of the eye. There are three main types – non-proliferative (early stage where the blood vessels leak fluid), macular oedema (where there is swelling of the macular in the eye which can damage central vision), and proliferative (advanced stage where blood vessels are replaced by fragile new ones which can bleed easily and result in sudden vision loss).

Anyone with diabetes is at risk of diabetic retinopathy and untreated it can lead to blindness. There are no symptoms till vision is impaired but it can be detected on eye examination. Unfortunately around half the people with diabetes do not have regular eye exams.

Prevention is key. This means good control of diabetes through diet, exercise and medications (oral or injectable) that you may

be prescribed. Having regular blood tests to monitor diabetes is vital as this guides changes to management. Good diabetes control significantly reduces the chances of any diabetic complication. Have an annual eye examination with an ophthalmologist.

Diabetic retinopathy can be treated with laser in early stages and surgery in more severe cases. However, ideally, you want to avoid getting to the stage where treatment

is needed.

The old adage that you only get one set of eyes is worth remembering.

Don't wait till your vision is affected. The importance of good diabetes control and regular eye examinations cannot be overstated. ■



How the retina of the eye looks to your doctor.

 [Weblink https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/diabetic-retinopathy](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/diabetic-retinopathy)



Ingredients:

- 4 large pieces white fish fillets
- 12 new (baby) potatoes
- 1 bunch kale, trimmed, shredded or broccoli
- 4 spring onions cut into 3cm lengths
- 1 bunch baby carrots, steamed
- 4 squash halved

Sauce

- 1 tspn corn flour
- 80ml cold water
- 3 tsp finely grated lemon rind
- ½ cup (80ml) lemon juice
- ½ cup (80ml) salt-reduced vegetable stock
- ½ cup (80ml) extra light cooking cream
- ½ cup fresh dill, finely chopped

Method:

1. Preheat oven to 220 C. Line a baking tray with baking paper.
2. Place the potatoes in a saucepan of cold water. Cover. Bring to the boil then reduce heat and simmer for 8 minutes or until

- tender. Drain and rinse in cold water. Smash the potatoes slightly and put on the prepared tray. Lightly spray with oil and season with salt. Bake for 15 minutes or until golden.
3. Whisk the cornflour and cold water to combine.
4. Lightly spray the fish fillets with oil and season with salt and pepper. Heat a non-stick frying pan over medium-high heat. Cook the fish for 3-4 minutes each side, or until golden and cooked through. Transfer to a plate and cover to keep warm.
5. Add the lemon rind, lemon juice and stock to a pan. Add the cornflour mixture. Whisk until the mixture comes to boil and thickens. Add the cream, dill and season.
6. Bring a saucepan of water to the boil. Add kale and cook for 2 minutes or until just wilted. Drain.
7. Serve the fish with kale/broccoli, potatoes, carrots, spring onions and squash. Top with the sauce.

SUDOKU

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See inside for the sudoku solution

● **OUR MISSION**

Our aim is to give our patients the highest possible quality of care, by ensuring excellence in all aspects of our practice. We endeavour to provide patients with the best and most current treatments, methods, materials and equipment within our resource capabilities to ensure that the patients receive the high quality of service they have come to expect.

We believe that patients come first. Teamwork is highly valued and encouraged within the practice to promote a harmonious and productive environment. We hold great importance in ethical and responsible behaviour as essential to maintain the trust and loyalty of our patients and staff.

● **SPECIAL PRACTICE NOTES**

Referrals. Doctors in this practice are competent at handling common health problems. When necessary, they can use opinions from Specialists. You can discuss this openly with your doctor, including potential out of pocket expenses.

Translating & Interpreter services details – 131 450

Speech & Hearing impairment voice call – 133 677 and speak & listen 1300 555 727

Test Results. Results are reviewed by the doctors and acted on in a timely manner, with your health in mind. We will contact you if necessary.

Communication Policy. Incoming telephone calls to the doctors are restricted to matters of medical urgency. GPs in the practice may be contacted during normal hours, however if the GP is with a patient, a message will be taken and your call will be returned as soon as is practicable.

Reminder system. Because our practice is committed to preventive care, we may send you an occasional reminder regarding health services appropriate to your care. If you wish to opt out of this, please let us know.

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

Patient Feedback. We welcome your comments 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 Ombudsman on 133 646 or go to: www.oho.qld.gov.au