



FREE TO TAKE HOME!

JUNE-JULY 2018 EDITION



Osteoarthritis



Flash burns to the eye



Tonsillitis – say argh!



Cold and Flu Prevention

YOUR NEXT APPOINTMENT:

### ● AFTER HOURS & EMERGENCY

In case of a medical emergency call '000' and ask for an ambulance immediately. For all other After hours medical enquiries, after Stawell Medical Centre has closed, on weekends or public holidays, please call **5358 1410** and your call will put through to our after hours service for advice.

### ● PRACTICE DOCTORS

**Dr Andrew Cunningham** MBBS

**Dr Eleazer Okwor-Ojwang** MBBS

**Dr Venkateshwar Komerelly** MBBS

**Dr Swetha Bandaru** MBBS

**Dr Adnan Rasheed** MBBS, FRACGP

**Dr Catherine Pye** MBBS, FACRRM

**Dr Sally Takahashi** MBBS

### ● VISITING SURGEONS

**Mr Ben Yokhanis** FRACS, FRCS, MBChB

**Dr Iruka Kumarage** MBBS, FRANZCOG

**Mr Ahmed Naqeeb** FRACS, FRCS, MBChB

*Practice doctors are experienced in the broad range of general practice problems and the treatment of all age groups.*

### ● VISITING PRIVATE PSYCHOLOGIST

**Anne-Marie Cooper**

### ● PRACTICE STAFF

**Practice Manager:**

Kim Hinkley

**Administration Staff:**

Kerryn, Jess, Tina, Rebecca, Melissa, Sharna & Jessica

**Nursing Staff:**

Pam, Vicki, Jan, Rachel & Belinda

### ● SURGERY HOURS

**Monday – Friday**

8.00am – 6.00pm

**Saturday, Sunday & Public Holidays**

(By appointment by the doctor at Urgent Care Centre, Stawell Regional Health - Urgent patients only)

**All attendances at Stawell Regional Health Urgent Care Centre may incur an out of pocket fee of \$50.00**

### ● BILLING ARRANGEMENTS

All patients are required to pay in full at the time of appointment. Medicare refunds can be processed immediately via TYRO terminal and deposited directly back into your account. Payment can be made by cash, credit card or EFTPOS. If you would like to know more please ask to speak to our accounts team.

**Fees as of 1st June 2017:**

#### Standard consult

Private ..... \$74.00

Health Care Card Holder..... \$63.35

Pension Card Holder ..... \$56.90

All patients under 16 and over 75 years of age will be bulk billed for appointments at Stawell Medical Centre Monday to Friday 8.00am to 6.00pm only.

After Hours fees apply to EVERYONE seen by a Doctor at Stawell Regional Health Urgent Care Centre:

#### Standard consult - Regular Hours

Saturday ..... \$87.05

Sunday ..... \$99.00

All attendances at Stawell Regional Health Urgent Care Centre may incur an out of pocket fee of \$50.00

### ● APPOINTMENTS

Consultation is by appointment. We have appointments available for urgent cases on the day.

Please let reception staff know if you would like a longer appointment, for a medical report, TAC or Workcover form or if you have several things you wish to discuss.

**Home Visits.** These are available on request. Please speak to reception if you would like further information.

If **more than one person** from your family would like to see the doctor, please ensure that a separate appointment is made for each person otherwise they may not be seen.

**Time is valuable to all of us.** If you are **unable to attend a booked appointment**, please let the practice know at least 2 hours prior. If you **fail to attend** a booked appointment without warning or explanation you may be charged a non-attendance fee. We may not be able to offer you booked appointments in the future either.

### ● SPECIAL PRACTICE NOTES

*Stawell Medical Centres Values and Mission align with those of Stawell Regional Health;*

#### Stawell Regional Health Mission

*To deliver public health services to best meet the changing needs of the Stawell and regional community.*

#### Stawell Regional Health Vision

*A customer focused organisation, coordinating delivery of state of the art, whole of life care.*

**Despite our best intentions**, we sometimes run late! This is because someone has needed unexpected or urgent medical attention. Be assured that when it comes to your appointment, your doctor will give your consult the time that it deserves. We thank you for your understanding and consideration.

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



### 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)



 Weblink <http://www.arthritisaustralia.com.au>

## Coming to grips with osteoarthritis

As we get older our joints show wear and tear. The cartilage (lining) of the joints is affected most, though bones, ligaments and muscles can also be involved. This is known as degenerative osteoarthritis. It affects almost everyone over 40 but the severity and the joints involved varies. Risk factors include age, being overweight, positive family history and injuries to joints. Knees, hips, hands and the spine are the most commonly affected areas.

Symptoms include pain and stiffness and swelling in the joint. It develops gradually over many years. Pain may be worse with activity although stiffness is usually worse in the morning. Symptoms may be intermittent at first and may become constant.

Diagnosis is generally on the clinical findings. X-rays can help assess the extent of cartilage degeneration.

Treatment depends on severity. Weight loss (if overweight) reduces load on the joint. Heat packs help some people as does strapping or taping the joint. Regular exercise helps preserve function but needs to be

tailored for individual circumstances and a physiotherapist can assist. Water-based exercise puts less load on the joints.

Medications do not cure osteoarthritis but analgesics such as paracetamol can ease symptoms. Anti-inflammatory medications can be useful but may have side effects so talk to your GP, they are not suitable for everyone. Braces, walking aids and shoe insoles play a role too.

In more severe cases, injections into the joint can ease symptoms and surgery including joint replacement can be beneficial when non-surgical treatments have failed.

## Chickenpox is not child's play

Caused by the varicella-zoster virus, chicken pox is a highly contagious illness. It can affect any age but is more common in children. The number of cases has declined since the addition of a vaccine against chicken pox onto the childhood immunisation schedule in the early 2000s. Fortunately most cases are mild.

The main symptoms are low-grade fever, and 'cold'-like symptoms of sore throat, headache and runny nose together with feeling generally unwell. The hallmark symptom is an itchy blistery rash which appears after a few days. This can be anywhere on the body but is mostly on the trunk and head. Some may get mouth ulcers.

Diagnosis is in the clinical appearance once the rash starts. If you suspect chicken pox,

inform your doctor's surgery as they may ask you to wait away from others. Newborn babies and those with weakened immune systems are at greater risk and pregnant women are also vulnerable as the virus can have a potential impact on her baby.

Anyone with chickenpox should stay home and away from others till the rash has dried out. The virus spreads by airborne droplets.

There is no specific treatment. General measures include bed rest, fluids and paracetamol or ibuprofen for symptoms. The rash, if scratched, can leave scars so use soothing creams. Antihistamine medications may ease the itch as can wearing mittens. Discuss this with your doctor.

Chickenpox is preventable via immunisation. Most children born after 2001 will have been immunised. Talk to your GP.



 Weblink <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/chickenpox>



# Flash burns to the eye

Flash burns occur when a strong light burns the surface of the eye (cornea). Causes include skiing without glasses or sun lamps. Symptoms include pain and burning in the eye, watery or bloodshot eyes, and blurred vision and can start up to 12 hours after exposure.

Diagnosis is on the history and examination of the eye. Investigations are not needed. Fortunately, most cases are mild and will resolve over a few days with no permanent damage. Treatment can include pain killers, use of antibiotic and anaesthetic eye drops, dilating drops to relax eye muscles and padding the eye. If you have contact lenses these will need to be removed. Artificial tear drops can be soothing.

You should not drive or operate machinery while being treated and you need a follow-up examination after 24-48 hours.

We only get one set of eyes so if there is any concern about your sight, seek immediate medical attention either at your GP or at an emergency department.

Flash burns can be prevented. Protect your eyes in the snow by wearing dark glasses with both UVA and UVB protection. When working use safety goggles that are made to Australian Standards. Most importantly, remember to wear them.

Weblink [http://healthywa.wa.gov.au/Articles/A\\_E/Eye-injury-corneal-flash-burns](http://healthywa.wa.gov.au/Articles/A_E/Eye-injury-corneal-flash-burns)

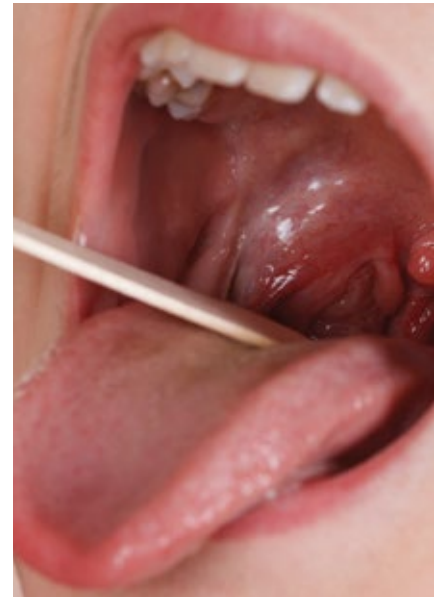
# Tonsillitis – say argh!

The tonsils are located half way to the back of the throat and help 'trap' infections. They are particularly important for young children with less-developed immune systems. Unless they became enlarged or infected, we generally don't even know they are there.

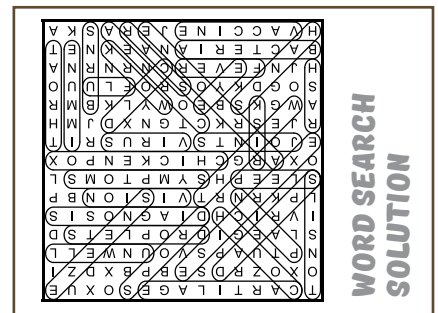
Tonsillitis is an infection of the tonsils caused by a virus (80%) or bacteria. The symptoms are a sore throat, fever, headache, tiredness, feeling generally unwell, pain on swallowing and loss of appetite. The tonsils may enlarge and have white or yellow spots on them. They may have a 'coated' appearance.

If you suspect tonsillitis see your GP. Treatment for the viral form is bed rest, fluids, gargling (if possible) or lozenges to ease pain and paracetamol or ibuprofen for fever and pain. Bacterial tonsillitis (usually a streptococcus) will be treated with antibiotics. Penicillin is first choice but there are other options for those allergic to it.

Some people get recurrent tonsillitis, which is when the question of having tonsils removed arises. Tonsillectomy is performed far less frequently than in the past. The rule of thumb is four or more episodes per year for two or more consecutive years. Severity, response to treatment and time off school or work are also factored in. You may be referred to an ENT surgeon, so talk to your GP.



Weblink <http://www.mydr.com.au/respiratory-health/tonsillitis>



# Cold and Flu Prevention

Viruses are present all year round but more people get unwell with them in winter. It could be a case of less sunshine and spending more time indoors but, whatever the reason, we can do a lot to reduce the spread. Viruses spread by airborne droplets so covering your mouth when you cough makes a big difference, as does sneezing into a hanky or tissue. AND washing hands is imperative.

Many people try to soldier on with a virus even though staying at home not only helps you get better quicker but also makes it less likely you will pass it on to others. Air-conditioning makes it easy for viruses to spread, so don't contribute yours to the office pool.

Many workplaces offer flu vaccination

for employees and certainly is something to consider but it will not prevent a cold. Regular exercise has been shown to strengthen the immune system but it is wise to cease or at least reduce exercise while unwell. Eating a healthy diet with adequate fruits and vegetables and getting enough sleep also helps. Managing stress (e.g. meditation, guided relaxation and herbal teas) has been shown to benefit immunity as does having adequate vitamin D.

It is worth repeating, if you get sick, stay home, the world will keep spinning.





**Stawell Medical Centre**  
A division of Stawell Regional Health

● **SPECIAL PRACTICE NOTES**

**SMS reminders** are sent to all registered mobile phones. Phone reminders are also available should you require this.

**Electronic Communication.**

Although most problems are best dealt with in a consultation with your doctor, our staff are experienced in helping you decide whether the matter requires an appointment, return phone call or urgent advice.

You are able to **contact the practice by email** as well should you need to. We do advise that this is not the most secure method of communication.

We have a **recall system** in place for all test results and chronic disease management.

**Patient Health Information.**

To obtain a copy of your health record or to obtain a copy of Stawell Regional Health "Protection and use of your health information" brochure or to view the Stawell Regional Health privacy policy, please ask to see our Practice Manager or Privacy Officer.

If you prefer you can contact the Health Services Commissioner Complaints and Information on; Telephone: 1300 582 113 or email: [hsc@dhhs.vic.gov.au](mailto:hsc@dhhs.vic.gov.au).

**Patient Feedback.** We welcome your feedback and invite you to fill out a "Compliment, Complaint and Feedback form". These are located near the entrance to the practice, in the reception area. You can also ask to speak to the Practice manager or your GP.

**Test Results.** Results are viewed by our doctors and acted upon in a timely manner, always with your health as a priority. Please make sure you have made an appointment with your doctor to review any results as they will not be given over the phone.

● **SPECIALIST SERVICES**

Stawell Regional Health has a large number of other Medical Services and Visiting Specialist's available. Our doctors have extensive knowledge of these and can advise you about whether a referral is appropriate and arrange for this to occur if needed.



## VEGIE SOUP WITH SPINACH & PARMESAN DUMPLINGS

**Ingredients**

- 1 tablespoon Extra Virgin olive oil
- 1 large leek, trimmed, thickly sliced
- 4 garlic cloves, peeled
- 2 teaspoons mixed spice
- 2 teaspoons sweet paprika
- 2 Desiree potatoes, peeled, cut into 2cm pieces
- 1 medium size sweet potato cut into 2cm pieces
- 2 parsnips, peeled, thickly sliced
- 2 small white turnips
- 2 baby fennel, trimmed, cut into wedges or 2 medium size onions cut into wedges
- 2 sprigs fresh sage
- 400g can whole peeled tomatoes
- 3 cups vegetable stock
- 500g Kent pumpkin, cut into 3cm pieces

**Spinach and parmesan dumplings**

- 1 ½ cups self-raising flour
- 250g packet frozen spinach, thawed
- ½ cup grated parmesan
- ⅔ cup milk
- 50g butter, melted

**Method**

Heat oil in large heavy-based saucepan over medium-high heat. Add leek and garlic. Cook, stirring, for 4 minutes or until leek

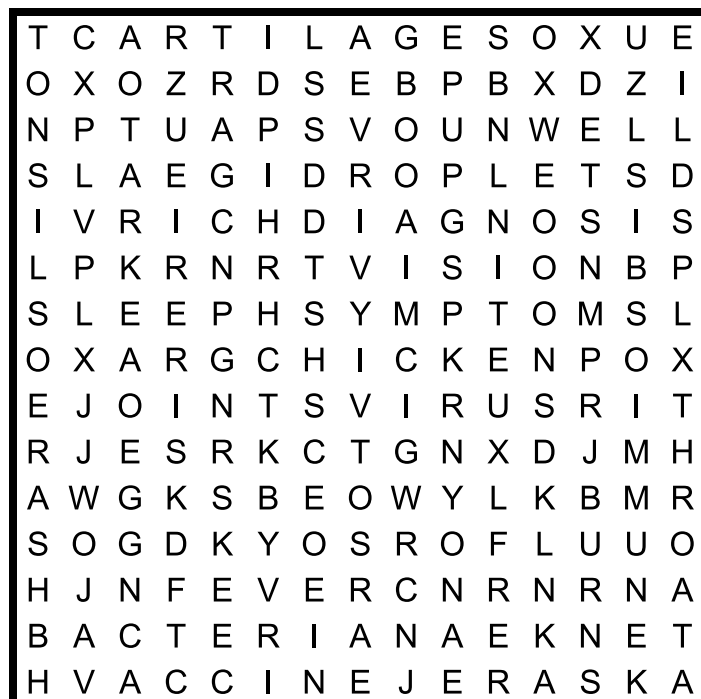
has softened. Add mixed spice and paprika. Cook, stirring, for 30 seconds or until fragrant. Add potato, parsnip, fennel and sage. Stir to combine. Add tomatoes, stock and 1 cup water. Bring to a simmer. Cook covered for 10 minutes. Add pumpkin. Cook for a further 5 minutes or until vegetables are almost tender. Remove and discard sage sprigs.

**Spinach and parmesan dumplings**

Sift flour into a bowl. Make a well in the centre. Squeeze excess moisture from the spinach. Add spinach, parmesan, milk and butter to flour. Stir to form a soft dough. Roll into 12 balls. Top soup with dumplings. Reduce heat to medium. Cook covered for 20 minutes or until dumplings are cooked through. Serve.



## WORD SEARCH



- Droplets
- Drops
- Exercise
- Eye
- Fever
- Flu
- Hands
- Immune
- Joints
- Pain
- Rash
- Risk
- Scar
- Sleep
- Sneeze
- Spread
- Symptoms
- Throat
- Tonsils
- Unwell
- Vaccine
- Virus
- Vision
- Weight
- Work

- Airborne
- Bacteria
- Burns
- Cartilage
- Chickenpox
- Cold
- Cornea
- Cough
- Diagnosis