



## FEBRUARY - MARCH 2021 EDITION

FREE TO TAKE HOME!



Schoolyard bullying



Positive attitude



What is 'normal' in puberty?



Cataracts

### ● 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, FRACGP
- Dr Venkateshwar Komerelly** MBBS, FRACGP
- Dr Swetha Bandaru** MBBS, FRACGP
- Dr Adnan Rasheed** MBBS, FRACGP
- Dr Catherine Pye** MBBS, FACRRM
- Dr Christian Ezeobi** MBBS
- Dr Marcus Wilcox** MBBS
- Dr Kannan Ramanathan** MBBS
- Dr Haider Abdulrasool** MBBS
- Dr Hao Xiao** MBBS

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

### ● PRACTICE STAFF

- Practice Manager:**  
Kim Lane
- Administration Staff:**  
Kerryn, Jess, Tina, Rebecca, Deb, Leah & Rhea
- Nursing Staff:**  
Pam, Vicki, Belinda, Crystal, Amelia & Lana

### ● COVID-19

As the practice is observing social distancing we ask that you limit the number of people accompanying a patient to one other.

We also advise that telephone or video consults are preferred if you do not need to be seen in person.

### ● SURGERY HOURS

**Monday – Friday**.....8.30am – 5.30pm  
**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 WILL 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 July 2020:

##### Standard consult

Private .....	\$76.00
Health Care Card Holder.....	\$65.00
Pension Card Holder.....	\$58.25

All patients under 16 and over 75 years of age will be bulk billed for appointments at Stawell Medical Centre Monday to Friday 8.30am to 5.30pm only.

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

##### Standard consult - Regular Hours

Saturday .....	\$88.05
Sunday.....	\$100.55

All attendances at Stawell Regional Health Urgent Care Centre WILL 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

*In partnership with our community, Stawell Regional Health will deliver high quality care and improve health outcomes by providing safe, accessible and integrated services.*

#### Stawell Regional Health Vision

*Caring for our community.*

**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.



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.

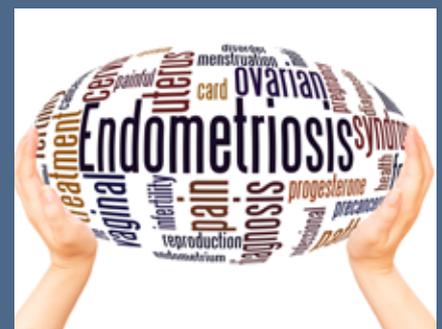
Common symptoms are painful periods, pain with intercourse, and heavy menstrual bleeding. Some may have pain on bowel motions, fatigue, bloating and nausea. The range is from mild to severe. The main

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.



## 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.



## 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

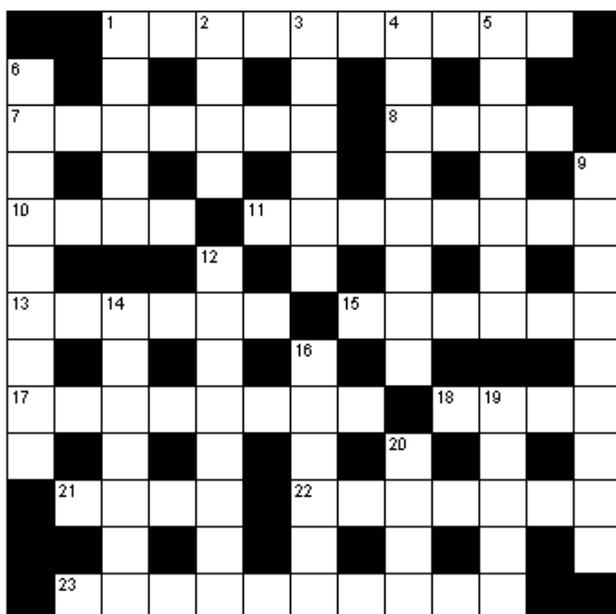
**1.** Place the ancho chilli in a bowl and cover with 1/2 cup (125ml) boiling water. Soak

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)