

FREE TO TAKE HOME!

FEBRUARY - MARCH 2018 EDITION



School refusal



Mobile phones and kids



Dealing with depression



Watch on glaucoma

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 Frans Cronje MBChB, FRACGP
Family Medicine, Procedural Obstetrics, Hospital Medicine, Paediatrics, Skin Cancers & Lap Band Adjustments. Speaks Afrikaans.

Dr Steve Gust MBBS, FRACGP, JCCA
Family Medicine, Diabetes, Skin Cancers; Paediatrics, Travel Medicine, Anaesthetics & Lap Band Adjustments.

Dr Victoria Hayward MBBS (Hons), FRACGP
Family Medicine, Diabetes & Women's Health

Dr James (Jim) Lie MBBS
Family Medicine, Asthma, Diabetes, Skin Cancers, Paediatrics, Sports Medicine & Obstetrics. Speaks Mandarin.

Dr Brian Malone MBBS, FRACGP, BSc, DCH
Family Medicine, Diabetes, Travel Medicine & Skin Cancers.

Dr Bill Plozza MBBS, DipRACOG
Family Medicine, Paediatrics & Aged care.

Dr Susan Shaw MBBS, DRACOG
Family Medicine, Women's Health, Mental Health, Asthma & Diabetes.

Dr May Ure MBBS
Family Medicine & Women's Health.

Dr Mark Zafir MBBS, DA
Family Medicine, Aged Care, Anaesthetics, Ante-natal care, Men's Health; Diabetes, Skin Cancers & Lap Band Adjustments.

Dr Shaza Salleh MBBS
Family Medicine, Occupational Health & Injury Management.

Dr Lorri Hopkins MBBS, FRACGP, DRANZCOG, DCH
Family Medicine, Ante-natal care; Asthma, Diabetes, Paediatrics, Women's Health & Skin Cancers.

Dr Giulia Kitchin MBBS
Family Medicine & Paediatrics.

Dr Maida Akhtar MBChB, Post Grad Dip Public Hlth, PDHIV
Family Medicine, Paediatrics, Women's Health & Emergency Medicine. Speaks Urdu.

Dr Ei Mon Latt MBBS, DipCH
Family Medicine & Community Paediatrics. Speaks Chinese & Myanmar.

Dr Nic Gilbert MBBS, M Pub Hlth & Trop Medicine
Family Medicine, Preventive Health, Chronic Disease Mngt, Indigenous Health, Palliative Care, Hepatitis B and C & Smoking Cessation.

● PRACTICE STAFF

Practice Manager: Keith Symes.

Practice Nurses: Connie, Dee, Jenna, Jess, Kate, Leanne, Liz & Penny .

Reception Staff: Bec, Brett, Carley, Imogen, Jess, Julie, Kate, Kaylene, Kelly, Liz, Nette, Sara, Shantell, Shauna & Suzanne.

● SURGERY HOURS

Monday, Wednesday & Friday 8.30am – 5.30pm

Tuesday & Thursday 8.30am - 7:00pm

We close on Public Holidays, Saturdays & Sundays.

● SPECIAL PRACTICE NOTES

Emergency or Urgent Appointments. Please notify staff if your request is urgent or requires immediate medical attention. If an immediate appointment is not available, you will be assessed by a practice nurse for appropriate Management.

After hours & Emergency. Outside our normal surgery hours go to Albany Regional Hospital if you need urgent treatment. In an emergency call 000 for an ambulance. Our doctors provide after hours services all year round. Follow the prompt on our after hours phone message if it is medically essential to talk to the on call doctor. Maternity cases are to contact the labour ward direct.

Home Visits. Any requests for home visits will be directed to the patient's GP and the visit will be made at the discretion of the treating Doctor.

Telephone Advice. To obtain advice regarding your treatment phone the practice and you will be put through to the appropriate person or you can leave a message for a return call. Phone calls will not be put through to the GP while they are consulting.

Prescriptions. Where possible, scripts and letters should be requested during a consultation. You may make a short script only appointment at 1.45pm which is bulk billed, otherwise there will be a \$10 charge. Please allow 2 working days for scripts. Please phone after 10am for script requests.

Your Test Results. It is not practice policy to routinely contact patients with test results. Doctors review all test results and will either inform the patient themselves or ask a staff member to contact the patient with appropriate instructions. Patients are strongly encouraged to phone the surgery for results after 1 week. Please phone after 10am in the morning. INRs are now done in the treatment room by the Nurse. Results are reviewed by your GP and management discussed with them.

Communication Policy. We use mail, facsimile & secure electronic email to transmit patient information. If you have a mobile phone we will send an SMS to confirm appointments. Patients can contact us via our website for non-urgent matters.

Skin Lesions & Skin Cancers. A number of our doctors have special interest in and considerable experience treating skin lesions. Ask the doctor to check any lesions you are concerned about. A full skin check is also advisable on a regular basis.

● PRACTICE BILLING POLICY

We are a private billing practice.

We generally bulk bill children under 16. We do not routinely bulk bill. Payment is made at the time of the consultation. If you are experiencing financial difficulties, please discuss with your Doctor or with our Practice Manager.

▷ Please see the Rear Cover for more practice information.



Mobile phones and kids

It is hard to believe that the ubiquitous mobile phone only became widely used in the 1990s and smart phones in the past decade.

Previous generations of parents did not have to contend with managing their children's use of phones. Today there is a view that children should have access but neither can you wind the clock back. Certainly, there is research showing that too much screen time is an issue for children because they tend to exercise less and it can impact on sleep. There is also the additional complication of social media being accessed via mobile phones anywhere, anytime.

Like all parenting, the key is setting simple rules and sticking to them. This is also age related. The notion of the 'electronic babysitter' used to apply to TV but now that can apply to phones. But handing a small child the phone as a way to pacify them is not a great idea.

For primary school children, it can be useful to have a phone to ring parents. This can be an older model that can make calls and can't access the internet. Much like TV time can be restricted by parents, so too can total screen time including phones. Ensure phones are not kept in children's bedrooms and are recharged in the kitchen or living room. For older children ensure a net filter is installed. Lead by example and don't be permanently attached to your own phone. Most importantly, don't be afraid to set boundaries and be 'the worst parent ever'. The objections will settle and your children will be better for it.

 [Weblink https://www.kidsmatter.edu.au/mental-health-matters/school-refusal](https://www.kidsmatter.edu.au/mental-health-matters/school-refusal)

School refusal can be serious

Children and adolescents who experience severe emotional distress at having to go to school need to be taken seriously. It can lead to considerable absence from school, which in turn can impact on education and job prospects. This is completely different to truancy and is not associated with anti-social behaviour.

School refusal is also completely different to normal anxiety that may precede exams or school camps.

There is no specific known cause. There may be various underlying worries the child has about school work, friendships, bullying, social isolation, conflicts with teachers, separation from parents, parental separation or family grief or trauma. There may be no apparent underlying issue.

Symptoms include tearfulness before school, frequent complaints of somatic symptoms such as headaches, tummy pains or dizziness before school but not on weekends through to tantrums before school.

A general medical check by your GP is important to ensure there are no other underlying medical issues. It is vital to manage the problem early. Parents, teachers, the school and sometimes education bodies have a role. The family as well as the child will need support. There may need to be involvement from the school counsellor (or an independent one).

Create a positive environment at school, especially on arrival, for the child. A flexible return to school program can be instituted. Additional learning support may be needed as may support with socialising.

A good education is important in life. Getting help early is essential for your child and the family. Talk to your GP about any concerns you have.

Solution Across 1. Drops (5) 3. Pregnant (8) 6. Vegetables (10) 10. Bullying (8) 11. Distress (8) 12. Virus (5) 13. Lifestyle (9) 14. Pain (4) 15. Medical (7) 16. Shock (5) 17. Diet (4) 18. Fever (5) **Down:** 1. Doctor (6) 2. Sleep (5) 3. Pressure (8) 4. Age (3) 5. Depression (10) 7. Adolescent (10) 8. Surgery (7) 9. Listeria (8) 14. Phone (5) 15. Mood (4)

Avoiding listeria

Listeria is an infection caused by a common bacterium that occurs in the soil and water.

Thus, plants and animals in the food chain can be infected. There are around 65 cases in Australia each year and 10% of these are in pregnant women who are at greatest risk in the third trimester.

Listeriosis increases the risk of still birth, low birth weight and premature labour. Symptoms can be mild or severe with fever, headaches, vomiting and diarrhoea.

While uncommon, it is important to take steps to avoid potential exposure to listeria. Fortunately, this is not difficult and involves not eating 'high risk' foods while pregnant. Foods to avoid are processed delicatessen poultry meats (sliced chicken), soft cheeses (brie, camembert), raw seafood (oysters etc) pre-made sushi, unpasteurised juices and soft serve ice creams.

There are plenty of foods that you can continue to enjoy while pregnant, including hard cheeses, smoked seafood, hard frozen ice cream or gelato, freshly prepared sushi, pasteurised juices and hot deli meats (cooked at over 75C).

When pregnant it is important to maintain a balanced diet. Talk to your GP about any concerns you have and also about both diet and the need (if any) for supplements.

Avoiding listeria is not difficult so there is no need to stress over every mouthful of food you eat.



Weblink <https://womhealth.org.au/pregnancy-and-parenting/listeria-and-pregnancy>



Weblink <https://www.beyondblue.org.au/the-facts/depression>

Dealing with depression

Depression is a common condition affecting as many as one in five Australians. For some it can be an ongoing condition; for others, there may be only an isolated episode. Depression is more than just feeling sad for a day or two. It is feeling miserable for at least two weeks together with lack of enjoyment of usual activities, withdrawal from friends and often sleep and appetite disturbance.

There are no blood tests or scans. Diagnosis is based on the symptoms described.

Treatment is effective and divides into non-pharmacological and pharmacological. There are a number of medications which can be used if needed. Counselling

through a psychologist or counsellor will be of benefit to many. Your GP can refer you.

Lifestyle measures also help. Eating a healthy diet rich in vegetables and less sugar may help. Cut down on alcohol use. Regular exercise is good for mental health. Meditation or guided relaxation can help. Getting enough sleep is also important. Equally do not stress if your sleep pattern takes a while to get back to normal. Switch off screens at least 30 minutes before bed and have a regular night-time routine.

Regular follow up with your GP is important. Changes in treatment may be needed if you are not making improvement. With recovery, medication (if prescribed) can be reduced and then stopped. You should not stop your medication without talking to your doctor.

Watch on glaucoma

Glaucoma affecting one in eight of those over the age of 80 is the second commonest cause of permanent vision loss in Australia.

It is a build-up of pressure in the eye, which eventually damages the optic nerve. Primary open angle glaucoma is the main form. Secondary glaucoma can follow eye trauma or use of some medications such as steroids.

Acute angle closure glaucoma is when the pressure increases rapidly. This is a painful condition and requires immediate medical attention and surgery.

Generally, there are no predictive symptoms. Vision loss can be slow and gradual. Initially side vision is affected.

Risk factors include advancing age, a positive family history, diabetes and short sightedness.

Diagnosis is by checking the pressure of the eyes. This can be done by an optometrist and is recommended regularly for those aged 40 and above. Visual field testing is also done and this can be monitored over time.

Eye drops to lower pressure are the first line of treatment. The type of drops is influenced by what other medical issue you may have. They reduce pressure either by reducing fluid production or improving fluid drainage.

When drops have failed to bring down pressure or administering drops is too difficult, surgical options including laser surgery or open surgery.



Weblink <https://www.glaucoma.org.au>



The Surgery

● MORE PRACTICE NOTES

Chronic Disease Management

Our practice will prepare a plan to ensure conditions such as Asthma, Diabetes, Heart Disease, and Osteoporosis and also Mental Health Problems are properly managed. If you have a chronic condition ask your GP about a plan. Help us to help you.

Recall & Reminders. Our practice uses a Recall and Reminder system to flag patients for preventative health care. We recall patients for health assessments and checks, skin checks, breast checks, pap smears, colonoscopies, IUD and Implanon removal. This surgery participates in State & National registers.

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 to make your concerns known outside the surgery, you can call the Western Australian Health & Disability Services Complaints Office on 1800 813 583

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

Telehealth. Our practice is fully set up for video conferencing with participating specialists. Using Telehealth may save you time and travel costs; ask your GP and Specialist for advice.

My Health Record (PCEHR). Our practice is participating in the PCEHR. If you wish to activate your PCEHR or would like to know more please ask your doctor or discuss the issue with our Practice Manager.

On Line Appointments. You can make appointments using your computer or smartphone from our website www.thesurgery.net.au or through Healthengine: <https://healthengine.com.au>



PORK CUTLETS WITH ROASTED FENNEL



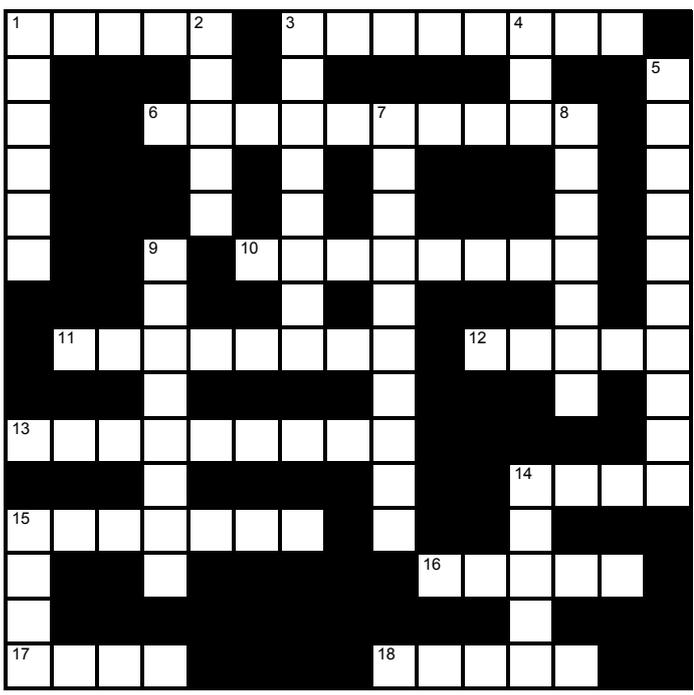
Method:

- Preheat oven to 200C
- Toss the fennel, onion, apple, lemon and garlic with 2 tblspns Olive oil. Season with salt and pepper. Place in an oblong casserole dish and roast for 30 minutes until the fennel and onion are tender.
- Rub the pork cutlets with sea salt and freshly ground pepper.
- Heat remaining oil in frypan over medium-high heat. Cook the pork chops in batches for 2 minutes each side or until golden.
- Combine the cider and mustard and add to the pan and cook for a further 2 minutes.
- Pour over the cider sauce and return to the oven. Add the cutlets to the baking dish with the vegetables. Add spinach and toss gently to combine and wilt spinach.
- Roast for a further 5 minutes or until cutlets are cooked through and vegetables are tender.
- Serve vegetables topped with pork cutlets and drizzled with pan juices and parsley to serve.

Pork Cutlets with Roasted Fennel & Apple

Ingredients

- 2 large fennel bulbs or 4 baby fennel bulbs – trimmed and thickly sliced
- 1 Red Delicious apple cut into wedges
- 1 Large red onion or 2 small red onions cut into wedges
- 1 lemon cut into wedges
- 4 Whole garlic cloves unpeeled
- ¼ cup Olive oil
- 4 x 200gms pork cutlets
- ½ cup Apple Cider
- 1 tablespoon Dijon mustard
- 1 cup baby spinach leaves
- Sea salt & freshly ground pepper.
- Chopped flat leaf parsley to serve



CROSSWORD

Across:

- help reduce the pressure of the eyes in people with glaucoma (5)
- With child (8)
- A necessity in a good diet (10)
- Intimidating someone (8)
- Anxiety (8)
- A is not helped by antibiotics (5)
- Manner of living (9)
- Severe discomfort (4)
- Health problems (7)
- Something surprising or upsetting (5)
- Eating the right for a healthy lifestyle (4)
- High body temperature (5)

Down:

- Someone who monitors your health (6)
- You need a good night's (5)
- Under constant (8)
- Usually expressed in years (3)
- Sad feelings of gloom (10)
- Person who has reached puberty (10)
- Medical procedure involving an operation (7)
- An infection that can complicate pregnancy (8)
- ... use can affect children's social development
- In the right(4)