

FREE TO TAKE HOME!

AUGUST - SEPTEMBER 2021 EDITION



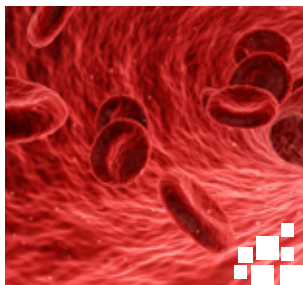
Febrile Fits



Covid vaccine update



Using an inhaler correctly



Iron intake for vegetarians

● PRACTICE DOCTORS

Dr Maureen McKeown

Family Medicine, Obstetric Shared Care, Children's & Women's Health

Dr Andrew Harris

Minor Surgery, Sports Medicine, Diving Medicine, Authorised Aviation Medicals

Dr Jackie Judd

Children's Health, Obstetric Shared Care, Family Medicine

Dr Emma Pearce

Women's Health, Child Health

Dr Jean Harding

Minor Surgery, Child Health, Family Medicine

Dr Andrew Leaver

Family Medicine, Minor Surgery

Dr Katrina Denison

Family medicine, Obstetric shared care, Women's & Children's Health.
Speaks Czechoslovakian

Dr Grant Russell

Family Medicine, Child health, Minor Surgery

● ALLIED HEALTH STAFF

Dr Jenina Cotton - DMD.

Dentist

Ms Julia Nicholson

Dental Assistant/Practice Manager

● PRACTICE STAFF

Practice Manager:

Samantha Chittenden

Practice Nurses:

Catherine Morrison & Charmaine Bonifacio

Receptionists:

Helen, Deb, Abby, Lucy & Simone

● SURGERY HOURS

Monday to Thursday

8.00 am to 6.30 pm

Friday

8.00 am to 6.00 pm

Saturday morning

8.30 am to 12.30 pm

Sunday morning

9.00 am to 11.00 am

All Public Holidays

CLOSED

● AFTER HOURS & EMERGENCY

Please phone the locum service on **9429 5677** for the doctor on call.

Dial **000** and ask for an ambulance in case of a medical emergency.

● SPECIAL PRACTICE NOTES

Travel Vaccinations and Advice. We are accredited to offer full travel health advice and a full vaccination service at your convenience

Fibreglass Plasters. Our clinic is able to offer you the convenience of fibreglass plastering for your uncomplicated fractures. Please make an appointment to discuss this service.

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.

Telephone advice. Most problems are best dealt with in consultation. A doctor is available during normal surgery hours for emergency advice. Our staff are experienced in deciding the appropriate response to any phone request.

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.

Test results. To obtain the results of any tests, please make a further appointment with your Doctor. Please ask the doctor at the time of your appointment how long it will take for these results to be received by the clinic so that a convenient appointment time can be made. To maintain confidentiality, results will not be given over the phone except in special circumstances.

● BILLING ARRANGEMENTS

We are a private billing practice. Children 12 and under are bulk billed.

Information about our fees and services are available at reception.

Payment at the time of consultation is required. Payment can be made by cash, cheque, credit card or EFTPOS.

● APPOINTMENTS

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

Home Visits. If you require a home visit for special reasons, please request this first thing in the morning. Visits are at the doctor's discretion for patients within a 5 km radius.

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.

● MOLEMAP

Molemap now available at Sandringham Medical Centre.

Phone for an appointment 9598 0444



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



▶ Please see the Rear Cover for more practice information.

Febrile Fits

These are seizures in children (generally between six months and five years) due to a rapid rise in temperature. Up to one in 20 children will have these. Whilst frightening to watch, they do not cause brain damage and are not a prelude to epilepsy.

The exact cause is unknown but is thought to relate to the young brain being more sensitive to fever and rapid rise in temperature. The underlying infection does not need to be severe. There are no specific preventative measures to prevent febrile fits, but the vast majority of children who have had one will not have another.

Typical symptoms are brief loss of consciousness, jerky movements and possibly redness of the face. Febrile fits usually last a few minutes and stop by themselves. Your child will likely be sleepy and irritable. If a fit continues for over five minutes, you must call an ambulance.

Immediate treatment is to lay your child on their side and remain calm. Do not try to restrain the child or place them in a bath while fitting. Other treatments are directed to lowering the fever with ibuprofen or paracetamol. Tepid bathing or sponging can help. Get your child checked by your GP to find the underlying cause of the fever. If, as is common, it is due to a virus, then no antibiotic will be needed.



 http://healthywa.wa.gov.au/Articles/F_/Febrile-convulsions

Male Hormone Deficiency

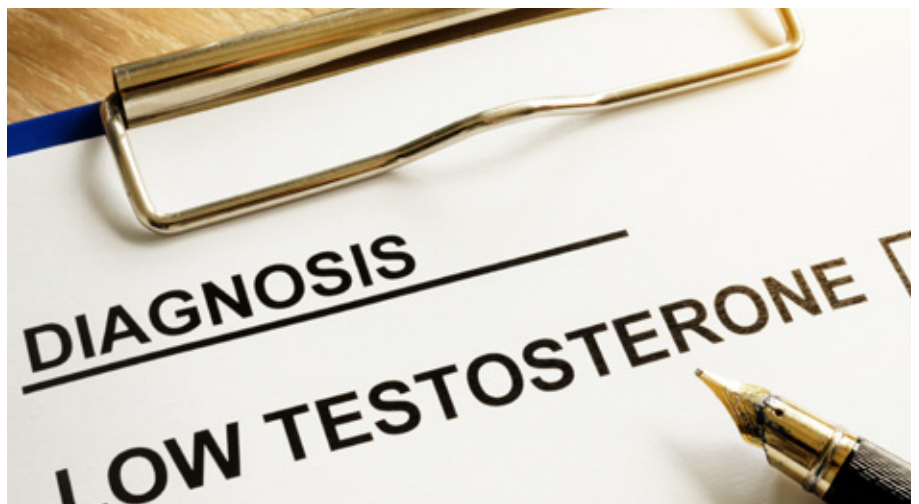
There is much controversy over low testosterone levels in men, also known as andropause or “male menopause”. It is not clear-cut, like in women where menopause is marked by the cessation of periods.

Full-page newspaper ads tell us that there is a market for male hormones. Some operators charge substantial amounts of money upfront for long-term treatment.

The symptoms of low testosterone include tiredness, irritability, and grumpiness, loss of focus and motivation and low libido. All these symptoms can be due to a range of conditions, so they are not unique to low testosterone.

Your GP can do a full assessment of your health if you have these symptoms. Blood tests can also help in determining the cause.

A few years ago, the diagnostic criterion for diagnosing age-related low testosterone was changed to being two morning blood samples with a reading below 6mmol/L in a man over the age of 40. Males who qualify on blood testing need to be referred to a urologist or endocrinologist for consideration of hormone supplementation treatment under the subsidised PBS system. The options include a cream or gel



applied to the skin daily or injections, which can be three weekly, or three monthly. Treatment can be prescribed privately. Weight loss, regular exercise, reducing stress and alcohol, together with better

sleep, can all help raise the body's production of testosterone. Talk to your doctor before launching into any self-treatment with hormones, as this can be costly and potentially dangerous.

Covid vaccine update

The vaccine rollout continues around the world at an unprecedented pace. There has been much publicity about potential side effects. There is a small (around 1 in 300,000) risk of blood clots. A joint statement by the Australian Technical Advisory Group on Immunisation (ATAGI) and the Thrombosis and Haemostasis society of Australia and New Zealand (THANZ) focussed on this.

The risk of blood clots has not been found to be increased in the following groups:

- History of blood clots in typical sites
- Increased clotting tendency that is not immune-mediated
- Family history of blood clots
- History of ischaemic heart disease or stroke
- Current or past thrombocytopenia (low platelet count)
- Those receiving anticoagulation therapy.

People in these groups can have the AstraZeneca vaccine.

The Pfizer vaccine is the preferred one in those with a history of idiopathic splanchnic (mesenteric, portal, splenic) vein thrombosis and antiphospholipid syndrome with thrombosis.

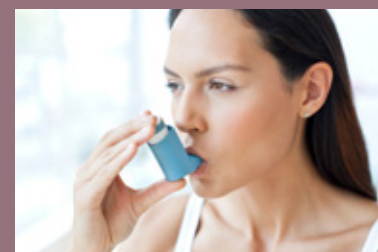
Of all medical treatments, from the humble

paracetamol purchased at the supermarket to chemotherapy, one always must look at the benefits versus the risks. The risks of Covid are clear, even though we have seen little in Australia compared to other countries. Like the flu vaccine, some will experience symptoms of aching, fever, headache and malaise the next day. The severity varies considerably. For some, there are no side effects at all.

The risk of injury travelling to the surgery to have a vaccine is far greater than the risk of serious side effects from the vaccine. If you are eligible and have not had your shot yet-talk to your doctor.



<https://www.health.gov.au/news/joint-statement-from-atagi-and-thanz-on-thrombosis-with-thrombocytopenia-syndrome-tts-and-the-use-of-covid-19-vaccine-astrazeneca>



Common mistakes people make in using an inhaler

Asthma affects up to one in five people throughout their life, and inhalers are the mainstay of treatment. They are classified as symptom relievers (which are used as needed to relieve symptoms) and preventer in-halers (which are used on a regular basis to reduce symptoms and attacks).

Inhalers are most commonly metered-dose inhalers (MDI) or dry powder inhalers (DPI). More recently, a number of new devices have come to market. Whilst not difficult to use, there are simple mistakes people make, and this reduces the effectiveness of treatment. If not used correctly, the effectiveness is diminished or may even be negated completely.

Here are some of the common errors we make- each has a simple remedy.

- Not checking the mouthpiece for foreign matter
- Failing to shake the device well before use
- Not exhaling fully before using the device
- Holding the inhaler in the wrong position
- Not coordinating pressing the device with inhaling (for MDI's)
- Inhaling too quickly and/or not deeply enough
- Breathing out too quickly after inhaling and
- Not cleaning the device after use

The other critical error made is not using inhalers as prescribed. In other words, not using them when we should. And now, with different devices, it is also important to make sure the right capsule goes in the right DPI. Good technique enables you to get the most benefit from your treatment. Talk to your doctor, practice nurse, or pharmacist about the correct use of your inhaler. The asthma foundation is another good source of information.

Iron intake 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) 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 the 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 foods you can include in a vegetarian diet that contain iron. These include tofu, legumes (lentils, kidney beans), broccoli, Asian

greens, spinach, kale, cabbage, nuts (especially cashews and almonds), dried fruits (especially apricots) and seeds (e.g. sunflower seeds and tahini).

Absorption of iron is enhanced by vitamin C, so combining the above foods with foods such as citrus fruits, kiwi fruit, tomatoes, or capsicum is a good idea. Spinach cabbage and broccoli are good sources of both iron and vitamin C. 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. Despite eating foods with iron, you may need a supplement (liquid or tablet form). Some who are severely iron deficient may need an infusion of iron directly into the vein.

<http://www.mydr.com.au/nutrition-weight/iron-intake-for-vegetarians>

• OTHER SERVICES



• Dr Jenina Cotton (Dentist)

- Monday** 9.00am - 5.00pm
- Tuesday** 10.30am - 7.30pm
- Wednesday** Reception only
- Thursday** 9.00am - 7.30pm
- Friday** 9.00am - 3.00pm

Sandringham Medical Centre patients get a 10% Discount on their first dental visit with Smart Dental Clinic.

• Dorevitch Pathology

(8.30am – 4.00pm)

• Nursing home and hospital visits

Practice professionals are experienced in the broad range of health problems affecting all age groups. The practice is fully accredited to national standards.

• SPECIAL PRACTICE NOTES

Medical record confidentiality.

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. Please read our Confidentiality Statement and make sure we have your signature scanned into your Medical File.

Your comments on our medical services are always welcome. We strive to improve for your benefit.

Please direct any queries or complaints to the Practice Manager. manager@sandringhammedical.com.au

If you wish, you can register your complaint with the Health Services Commissioner T: (61 3) 8601 5200, Email: hsc@health.vic.gov.au, 30th Floor, 570 Bourke Street, Melbourne VIC 3000



WINTER VEGETARIAN CURRY

Ingredients

- 3 tablespoons vegetable oil
- 10 ounces butternut or other winter squash, peeled and cut into 1/2-inch pieces and pre roasted in the oven for 10 minutes.
- 1 can (400g) of Chickpeas
- Kosher salt and black pepper
- 1 or 2 small green chiles, such as jalapeño or serrano
- 3 medium shallots or 1 small onion, finely diced
- ½ teaspoon black mustard seeds
- ½ teaspoon cumin seeds
- ½ teaspoon garam masala
- Handful of fresh or frozen curry leaves (optional)
- 2 garlic cloves, minced
- 1 teaspoon ground coriander
- Pinch of ground cayenne
- ½ teaspoon ground turmeric
- 500g mushrooms, preferably a mix of cultivated and wild, trimmed and sliced 1/8-inch thick
- ¾ cup coconut milk

- 2 tablespoons lime juice
- Coriander sprigs, for garnish

Preparation

1. Add shallots to hot oil, salt lightly and cook, stirring for approximately 1 minute. Add mustard seeds, cumin seeds and curry leaves and let sizzle for 30 seconds.
2. Add garlic, coriander, cayenne, turmeric, garam masala and chiles. Stir well and cook for 30 seconds more. Leave chilies whole for less heat.
3. Add mushrooms, season with salt and toss to coat. Cook, stirring, until mushrooms begin to soften, about 5 minutes.
4. Return squash cubes to skillet, add chickpeas and stir in coconut milk. Bring to a simmer. Lower heat to medium and simmer for another 5 minutes. If mixture looks dry, thin with a little water. Taste and season with salt.
5. Before serving, stir in lime juice. Transfer to a warm serving dish and garnish with Coriander.

A J A G C L R R M P G T P L V
 E A X L G D V O J O G O P R S
 L S W V T X K I L V W H N O Y
 W T U A L I T S T L R Z S Y M
 L H S P W K R M R A O H X C P
 Z M O E D J V E Z U M U C N T
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 Q I O W K E N R M J A S N N M
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 G N Y R O D H C I U G E L R O
 V A C C I N E M P L E U M Y X
 O M I A F T L B X W E Y P F A

WORD SEARCH

- tiredness
- inhaler
- vitamin
- symptoms
- vaccine
- covid
- febrile
- rollout
- iron
- hormone
- asthma
- haem