



Tennis Elbow



Coeliac Disease



Warts



Stress incontinence in women

● 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

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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

● PRACTICE STAFF

Practice Manager:

Samantha Chittenden

Practice Nurses:

Catherine Morrison & Charmaine Bonifacio

Receptionists:

Helen, Deb, Lucy, Joe

● 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.

YOUR NEXT APPOINTMENT:

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▶ Please see the Rear Cover for more practice information.

Tennis Elbow

Lateral epicondylitis, inflammation of the tendons where they meet the bone at the elbow on the thumb side, is commonly called tennis elbow.

It is not unique to tennis and can come about from any ongoing or repeated use of the forearm and wrist. Bricklaying, painting, gardening, and other racquet sports can bring it about, as can using a computer mouse. It can affect anyone and is most common in those aged 35-55.

Aside from pain at the elbow, it can extend into the forearm and is worse with shaking hands, lifting or turning taps or doorknobs. Diagnosis is generally based on the description of symptoms and examination. Typically, the bony point on the elbow's lateral (thumb) side is tender. The pain is often reproduced on the extension of the wrist against resistance. Sometimes imaging helps define the extent of the condition or if it is not responsive to treatment.

Initial treatment includes rest of the elbow, ice packs, and simple analgesia. A tennis elbow guard can help protect the area. Anti-inflammatory medication may be needed. Avoid activities that aggravate the situation. This can include changing technique, especially if sport or work-related. However, elbow exercises are important, and seeing a physiotherapist may be helpful.

Sometimes, a steroid injection and, in rare instances, surgery can be recommended. Your GP will advise you about treatment options.

Most people recover fully, and it is not in itself a recurrent condition nor a precursor to arthritis.



More info >>

Coeliac Disease

Coeliac Disease is a condition where there is a marked immune response to gluten which is found in wheat, rye and barley.

This can damage the small bowel and interfere with the absorption of nutrients. The symptoms vary from mild to severe, including tiredness, intermittent diarrhoea, abdominal pain, bloating, and flatulence. Children with coeliac disease may have slower growth, irritability and abdominal swelling.

It is a genetic condition. It affects about 1% of the population, although many with it are unaware they have it either because the symptoms are mild or they have put the symptoms down to other causes. The main risk factor is having a first-degree relative with it.

Accurate diagnosis is important as it is very controllable. Your GP can do screening blood tests. A positive test is not absolutely diagnostic but a strong pointer. Definitive diagnosis is by a small bowel biopsy, but not everyone wants or needs to do this test. A gluten challenge is another useful test.

There is no medication to take or "cure". However, symptoms can be easily controlled by avoiding gluten in the diet. Today there are many gluten-free options, and many who do not have coeliac are also choosing to eat these. Neither adults nor children need to feel they are "missing out" on foods they like.

There are many causes of the symptoms of coeliac disease, so it is important to talk to your doctor and not rely on self-diagnosis or "unorthodox" testing.





Warts

Warts are extremely common small eruptions on the skin caused by the Human papillomavirus (of which there are at least 70 types).

They are more common in children and, whilst they can appear anywhere, are most often found on the hands, knees and feet. They are almost always pain-free and do not itch. They may be single or in clusters, are usually raised and have a rough appearance whilst having (usually) the same colour as surrounding skin. The exception is plantar warts (also called verrucae) on the feet, which may be flat on the surface. The main problem caused is the cosmetic appearance, although on the soles of the feet, they can be painful due to the pressure from weight bearing on them. They can be spread by direct contact with other people or to other parts of your own body.

Left alone, most will disappear after months to years. However, many do not want to wait. Treatment is relatively simple and involves burning the wart. This can be done chemically (with ointments or paints), by freezing (with liquid nitrogen or dry ice) or via cautery with a hot wire under local anaesthetic.

Freezing is the most popular method. It may need to be done a few times over some weeks. The wart may swell and change colour in response. Your doctor will advise care of the area between treatments.

There is no "right or wrong" approach with regards to treating or leaving warts nor with treatment methods. Chat with your GP about the options before deciding.



Psychedelic medicine

In a move taking most by surprise, the Therapeutic Goods Administration (TGA) has announced that "from 1 July this year, medicines containing the psychedelic substances psilocybin and MDMA (3,4-methylenedioxy-methamphetamine) can be prescribed by specifically authorised psychiatrists for the treatment of certain mental health conditions".

These substances were researched for medical use in the 1960s but became tied into the counterculture and subsequently banned through the war on drugs. Over the last decade, there has been renewed interest in the use of MDMA to treat Post Traumatic Stress Disorder (PTSD) and psilocybin for treatment-resistant depression. The TGA notes that these are the only conditions where sufficient evidence exists for potential benefits in certain patients.

The medications will not be able to be prescribed by any doctor and will be limited to psychiatrists. Furthermore, they must be approved under the Authorised Prescriber Scheme by the TGA following approval by a human research ethics committee.

Currently, no specific medication treats PTSD, even though medications are used for associated problems such as depression and anxiety. There remain a not insignificant number of people with depression who do not respond to the plethora of available medications.

MDMA and Psilocybin are not "miracle drugs" and are suitable only in certain situations. However, in North America, research and limited use have been encouraging. Given the issues with mental health in Australia, additional treatment options are to be welcomed.



Stress incontinence in women

Urinary incontinence is the inability to voluntarily stop the flow of urine. It is far more common in women than men affecting up to 50%, and whilst not age-specific, it is more frequent in later years.

The two forms are urge (where one can't hold on when feeling the need to pass urine) and stress (where coughing, sneezing, or movement can cause urine flow).

The exact cause is unknown, but damage to the pelvic floor muscles (e.g., pregnancy) is a factor. Chronic constipation, a prolapsed bladder and dementia are other risk factors.

Diagnosis is generally based on history and pelvic examination. You may be asked to maintain a "bladder diary" to document urine flow and the circumstances leading to it. Your doctor may refer you for urodynamic testing, which assesses the workings of the bladder.

In days gone by, women were often told, "don't worry about it, dear". Today we know better. There are many treatment options. Losing weight (if overweight) helps, as does quitting smoking (if a smoker). Physiotherapy and pelvic floor exercises are very beneficial. Some women may require medication, and, in some cases, surgery is recommended. This has been controversial in recent years. There are options aside from mesh surgery.

The key is discussing the problem with your doctor. Do not feel embarrassed or that you should "live with it". Proper diagnosis is the first step to treatment and improvement.

- OTHER SERVICES
- 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



CARROT CAKE

Ingredients

- ¾ Cup (100g) gluten-free plain flour
- ½ Cup (65g) gluten-free self raising flour
- ¼ cup (20g) gluten-free baby rice cereal
- 1 tsp mixed spice
- ½ cup chopped walnuts (optional)
- 2/3 Cup (150g) brown sugar
- 1 ½ cups grated carrot
- 2 Eggs
- ½ cup (125ml) vegetable oil
- 60g butter, softened
- 1 cup (160g) pure icing sugar
- 1tbsp lemon juice

Method

1. Preheat oven to 180°C. Grease an 18cm x 28cm slice pan and line the base and 2 long sides with baking paper, allowing the sides to overhang.
2. Place the combined flour, rice cereal, mixed spice and sugar in a large bowl. Stir to combine. Add the carrot, walnuts, egg and oil and stir until just combined.
3. Spoon the mixture into the prepared pan. Bake for 25-30 mins or until a skewer inserted in the centre comes out clean. Set aside in the pan to cool.
4. Place the butter and icing sugar in a small bowl. Stir to combine. Stir in enough lemon juice to make a spreadable paste.
5. Transfer the cake to a board. Spread the top of the cake with lemon icing and top with some chopped walnuts. Cut into pieces.



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