

FREE TO TAKE HOME!

AUGUST - SEPTEMBER 2017 EDITION



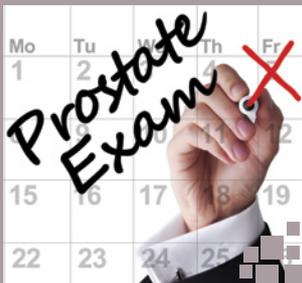
Diabetic Retinopathy



Iron for Vegetarians



Vaginal Thrush



Enlarged Prostate

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

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● OUR PRACTICE INTERESTS

- Women's & Men's Health
- Mental Health
- Paediatrics (Children's Medicine)
- Family Planning & Antenatal Shared Care
- Travel Medicine
- Preventative Health
- Aviation Medicine
- Skin Cancer
- Sexual Health & HIV Medicine

● ADMINISTRATION STAFF

Practice Nurses: Anne Maree, Maureen, Rowena & Jen

Practice Manager: Leanne

Reception: Lyn, Kim, Nikki, Siobhan, Rebecca & Sam

● SURGERY HOURS

Monday-Friday: 8am-6pm

Saturday: 9am-12noon

● AFTER HOURS

6pm-8am Weekdays. 12 midday Saturdays-8am Mondays and Public Holidays please contact our locum service on **8724 6300**. (Bulk billed for Medicare holders).

For urgent medical attention at anytime dial **000** or go directly to the nearest hospital Emergency Department.

Australian Government After Hours GP Helpline 1800 022 222.

● BILLING ARRANGEMENTS

This practice is a private billing practice and reflects the quality of our care and service. Fees are payable at the time of consultation by either cash, EFTPOS, Mastercard, Visa or Amex.

Our billing information is displayed in the reception area of the surgery. For convenience, we can offer patients a Medicare Online Claiming service, eliminating the need to visit a Medicare office.

● APPOINTMENTS

We are by appointment only, so that our patients have adequate time with their chosen doctor.

Home visits are available in certain circumstances by appointment.

Booking a long appointment. If you require an insurance medical, review of a complex health problem, counselling for emotional difficulties, or a second opinion, please book a longer appointment.

Emergency appointments. Each day appointments are set aside by the doctors for patients who need to be seen urgently. All doctors have access to your medical records if your usual GP is not available and can liaise with each other if necessary. This allows you to be seen on the day when required.

Online bookings now available for existing patients.

We offer an online booking service for our existing patients through HotDoc via our website www.fountaingp.com.au. Please note that this is an automated system and appointments can be rejected for various reasons. If there is an issue or you are unsure about an appointment booked, please call the practice on **8303 2900** so we can help to resolve the problem. If your Online booking has been successful you will receive an email confirmation.

Patients can also download the **HotDoc** app on their mobile phone or android.

Childhood Immunisation and New Patient appointments cannot be booked online, please call us on **8303 2900** during opening hours for these appointments.

Why not check out our **recently updated website** www.fountaingp.com.au for more information.

● ONLINE REPEAT PRESCRIPTIONS AND REFERRALS NOW AVAILABLE

We have an online service for ordering your repeat prescriptions and repeat referrals through HotDoc via our website.

Please visit www.fountaingp.com.au for more information

● FLU SEASON

The flu season is now upon us so please arrange an appointment for your flu shot.

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



Reflux in infants

Stomach-acid rising into the gullet (or oesophagus) causes reflux. The typical symptom in adults is a burning sensation in the lower chest – ‘heartburn’ but reflux can occur at any age.

In infants the symptoms can include vomiting or regurgitation, difficulty with feeding, sleep disturbances, crying (especially during or after feeds) and irritability. None of these are absolutely specific. They may be regular or intermittent. It ranges from mild to severe. Reflux can occur in both breast and bottle-fed babies.

Diagnosis is not always straightforward and is largely based on history. It is rare for any tests to be done.

There are many simple things that you can do to alleviate reflux. Feed your baby while upright keeping the body straight and head higher than the stomach. Avoid placing baby on their back immediately after feeding. Avoid overfeeding. Changing nappy before a feed can help by reducing pressure on the abdomen as does avoiding tight

clothes. Gently ‘burp’ baby after feeds. Give smaller feeds more frequently.

Occasionally, reaction to foods is involved. This is more likely if allergies run in the family or the baby has other allergy problems such as eczema.

For bottle fed babies a change in formula can help. Rarely it helps to change the breast-feeding mother’s diet because something she is eating is getting across in her milk.

In a small percentage of cases simple measures are not enough and medication (generally a proton pump inhibitor) may be prescribed. The medication blocks acid production. This will improve symptoms but, by blocking acid, the absorption of some minerals including iron can be reduced. The tablets are dissolved in water or can be made up as a liquid by the chemist.

In most cases the situation will improve by itself or without medication. Talk to your doctor about any concerns you have with your baby’s feeding. ■

Weblink http://www.reflux.org.au/category/articles/general_management_tips/

Vaginal Thrush

Thrush is caused by the fungus *Candida albicans*. While it is part of healthy vaginal flora, in certain circumstances it can multiply excessively and lead to typical thrush. About 75% of women will experience thrush at some stage while some get it frequently.

Risk factors include being on an antibiotic, wearing tight fitting clothes such as jeans, wearing synthetic underwear and wet swimwear. The contraceptive pill can also be a risk factor. Conversely preventative factors include wearing cotton underwear and taking a probiotic.

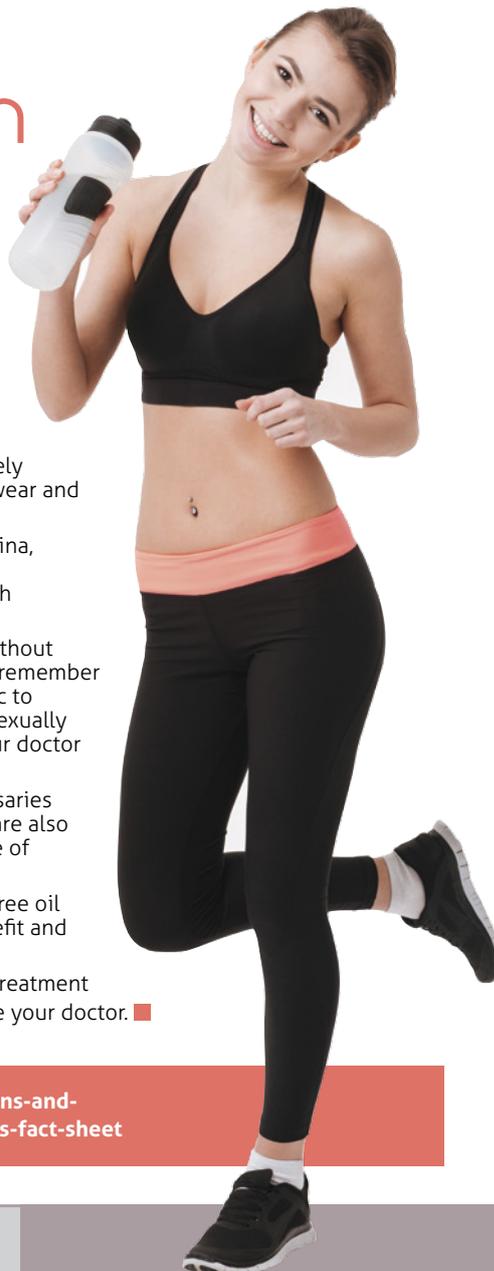
Symptoms are a thick white discharge from the vagina, itchiness and redness at the vagina and vulva and sometimes burning with passing urine and pain with intercourse.

Many women self diagnose and seek treatments without prescription. While this can work, it is important to remember that the symptoms are not always typical or specific to thrush. If there is a chance of having contracted a sexually transmitted infection (STI), then it is vital to see your doctor and have the necessary tests done.

Treatment for thrush is an anti-fungal cream or pessaries to be applied between one and seven days. There are also anti-fungal tablets, which can be taken orally. Some of these are available without prescription.

Self-help treatments such as yoghurt, vinegar, tea-tree oil and garlic are popular but are of questionable benefit and can cause irritation.

If symptoms do not resolve with over-the-counter treatment or if you have recurrent thrush it is important to see your doctor. ■



Questions for home

- Babies often ‘grow out of’ reflux. While we are waiting for this to happen, in babies with personal or family allergies, is it worth a trial of change in formula or maternal diet?
- Sometime the sexual partner, usually a male, has signs of thrush and may be a source of infection. Cream on them or antifungal lozenges can help. Which drugs consistently bring on thrush in some women?
- Vegan vegetarians, through their more strict diet, can become low in what - B or C vitamins?
- What is the most common cause of blindness in working-age people, macular degeneration or diabetic retinopathy?

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Sudoku Solution

Weblink <http://womhealth.org.au/conditions-and-treatments/thrush-and-other-vaginal-infections-fact-sheet>

Enlarged Prostate

The prostate gland sits under a man's bladder. As men get older it slowly enlarges. It is thought to double in size between ages 21 and 50 and double again between 50 and 80 and we don't know why.

Benign prostate enlargement (BPH) is universal but not all men experience symptoms nor need treatment. It is important to note that prostate cancer can also cause prostate enlargement but is a completely separate condition to BPH.

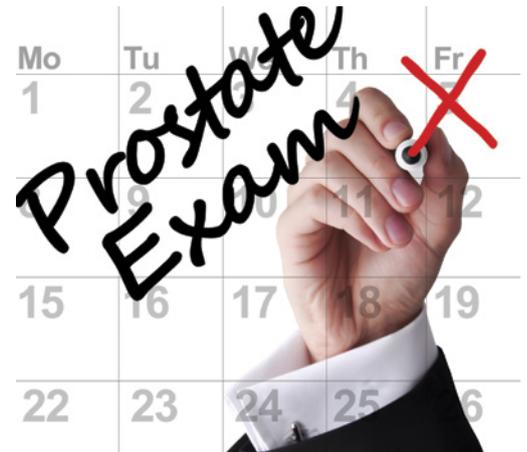
BPH is not life threatening but the symptoms can impact on quality of life.

Typical symptoms in men over 40 include hesitancy (waiting longer for urine flow to start), a weakened and/or poorly directed stream, straining to urinate, dribbling, frequency, an increased feeling to urinate and night-time pit-stops. Most men do not

get all symptoms and severity varies.

Diagnosis is generally based on symptoms. An examination of the prostate may be done as well as a blood test for prostate specific antigen (PSA).

Treatment also depends on symptoms. In mild cases it can be as simple as restricting fluids later in the day and reducing alcohol and caffeine. Medications can be used to ease most of the symptoms. In more severe cases surgery can be performed. Historically this was the removal of the prostate but newer procedures using laser removal or prostate stapling are now an option. ■



 [Weblink https://www.andrologyaustralia.org/prostate-problems/prostate-enlargement-or-bph/](https://www.andrologyaustralia.org/prostate-problems/prostate-enlargement-or-bph/)



Iron 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) because of menstruation 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 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 non-haem foods you can include including tofu, legumes (lentils, kidney beans), broccoli, Asian greens, spinach, kale, cabbage, nuts (especially cashews and almonds) dried fruits (especially apricots) and

seeds (such as sunflower seeds and tahini).

Absorption of iron is enhanced by vitamin C so combining the above foods with citrus fruits, kiwi fruit, tomatoes or capsicum helps. Spinach, cabbage and broccoli are good sources of both. 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. ■

 [Weblink http://www.mydr.com.au/nutrition-weight/iron-intake-for-vegetarians](http://www.mydr.com.au/nutrition-weight/iron-intake-for-vegetarians)

Diabetic Retinopathy

This is one of the complications of diabetes and is damage to the retina at the back of the eye. There are three main types – non-proliferative (early stage where the blood vessels leak fluid), macular oedema (where there is swelling of the macular in the eye which can damage central vision), and proliferative (advanced stage where blood vessels are replaced by fragile new ones which can bleed easily and result in sudden vision loss).

Anyone with diabetes is at risk of diabetic retinopathy and untreated it can lead to blindness. There are no symptoms till vision is impaired but it can be detected on eye examination. Unfortunately around half the people with diabetes do not have regular eye exams.

Prevention is key. This means good control of diabetes through diet, exercise and medications (oral or injectable) that you may

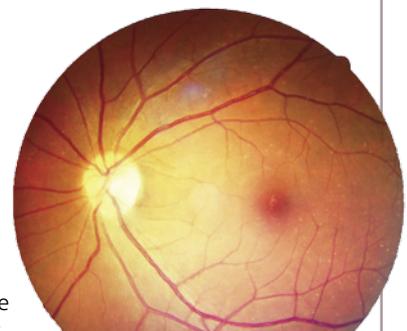
be prescribed. Having regular blood tests to monitor diabetes is vital as this guides changes to management. Good diabetes control significantly reduces the chances of any diabetic complication. Have an annual eye examination with an ophthalmologist.

Diabetic retinopathy can be treated with laser in early stages and surgery in more severe cases. However, ideally, you want to avoid getting to the stage where treatment

is needed.

The old adage that you only get one set of eyes is worth remembering.

Don't wait till your vision is affected. The importance of good diabetes control and regular eye examinations cannot be overstated. ■



How the retina of the eye looks to your doctor.

 [Weblink https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/diabetic-retinopathy](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/diabetic-retinopathy)



Ingredients:

- 4 large pieces white fish fillets
- 12 new (baby) potatoes
- 1 bunch kale, trimmed, shredded or broccoli
- 4 spring onions cut into 3cm lengths
- 1 bunch baby carrots, steamed
- 4 squash halved

Sauce

- 1 tspn corn flour
- 80ml cold water
- 3 tsp finely grated lemon rind
- ½ cup (80ml) lemon juice
- ½ cup (80ml) salt-reduced vegetable stock
- ½ cup (80ml) extra light cooking cream
- ½ cup fresh dill, finely chopped

Method:

1. Preheat oven to 220 C. Line a baking tray with baking paper.
2. Place the potatoes in a saucepan of cold water. Cover. Bring to the boil then reduce heat and simmer for 8 minutes or until

- tender. Drain and rinse in cold water. Smash the potatoes slightly and put on the prepared tray. Lightly spray with oil and season with salt. Bake for 15 minutes or until golden.
3. Whisk the cornflour and cold water to combine.
4. Lightly spray the fish fillets with oil and season with salt and pepper. Heat a non-stick frying pan over medium-high heat. Cook the fish for 3-4 minutes each side, or until golden and cooked through. Transfer to a plate and cover to keep warm.
5. Add the lemon rind, lemon juice and stock to a pan. Add the cornflour mixture. Whisk until the mixture comes to boil and thickens. Add the cream, dill and season.
6. Bring a saucepan of water to the boil. Add kale and cook for 2 minutes or until just wilted. Drain.
7. Serve the fish with kale/broccoli, potatoes, carrots, spring onions and squash. Top with the sauce.

SUDOKU

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See inside for the sudoku solution

● **SPECIAL PRACTICE NOTES**

Contacting the doctor: The doctor will take calls if he or she is not in consultation. However if the doctor is not available and the nature of the matter is urgent patient's will be put through to the Practice Nurse who will discuss the nature of the enquiry and determine the best course of action.

Our practice does not communicate with patients via email. Please phone our practice on 02 8303 2900.

Our practice Privacy Statement is available in hard copy – please ask for a copy at our front desk

Requests for Referrals & Scripts Without Consultation. Occasionally,

it may be appropriate for your doctor to provide a repeat referral or a script without a consultation. An online service is available for these situations at www.fountaingp.com.au via HotDoc. Some requests cannot be completed without a consultation and will require an appointment, this includes requests for new medications or a new referral.

Reminder System. Our practice is committed to preventative care. We may issue you with a reminder letter or send an SMS periodically offering you preventative health services appropriate to your care. We also encourage our patients to participate in initiatives such as the The NSW Pap Test Register, National Bowel Cancer Screening Program Register and the Australian Childhood Immunisation Register. If you don't wish to be part of this system, just advise your doctor or reception staff.

Results of Tests or Procedures.

Patients are required to book a follow-up unless otherwise advised by the doctor. Your doctor will advise when they expect results to arrive. On occasion you may receive your results via phone, either from your doctor or the practice nurse. This is at the doctors discretion.

Your Rights. Staff and doctors are always open to receiving your suggestions/complaints and will respond appropriately. If required, you can contact: Health Care Complaints Commission.

Tel: 02 9219 7444 or Toll Free in NSW 1800 043 159. TTY service for the hearing impaired: 02 9219 7555. Postal address: Locked Mail Bag 18, Strawberry Hills NSW 2012. hccc@hccc.nsw.gov.au

Interpreter Service. Fountain Street General Practice provides an Interpreting Service (TIS National) for non-English speaking Australian citizens and permanent residents.