

FREE TO TAKE HOME!

OCTOBER - NOVEMBER 2020 EDITION



Covid update



Bell's Palsy



Asthma in children



Children's Night terrors

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. Justin Madden

MBBS, DA, DRACOG, FACRRM
Born & trained in Melbourne. Experience in Britain & Canada. General Consulting & Dermatology.

Dr. George Gray

MBChB, DRCOG, FACRRM
Born & trained in Scotland. General Consulting.

Dr. Mira Pojani

MBBS, FRACGP
Mira gained her medical degree in Albania. She has a special interest in aged care and skin medicine.

Dr. Mohammad Gadi

MBBS Melb Uni 2010 FRACGP, DCH
Mohammad has a special skill in managing Drug and Alcohol dependencies.

Dr. Yash Ahuja

MBBS (Honors), Kathmandu 2006 FRACGP, DCH –
Diploma of Child Health 2017
Yash has worked in General Practice in Warrnambool. He has a certificate in skin cancer medicine 2017.

Dr. Brooke Beaumont (Part Time)

GP Registrar
MBBS Adelaide Uni 2015 GP Registrar GPT2
Brooke grew in Geelong and has rural GP experience in Terang. She has a young family and currently works 2 days a week.

Dr. Zahra Shahzad

GP Registrar
MBBS Pakistan 2010- GP Registrar GPT1
Zahra has lived and worked in Australia since 2012. She has worked as a (HMO) at Barwon Health and as a GP in a busy General Practice in Caroline Springs.

Dr. Seung Baek

GP Registrar
BA (Philosophy)(Hons)/LLB(Hons), MBBS 2013 Sydney
Seung has worked as a GP in Geelong and in ED @ University Hospital Geelong. He has recently relocated to our region and looks forward to being part of our community.

Dr. Evelyn Huang

GP Registrar
Doctor of Medicine National Taiwan University 2012, Masters of Public Health (Melb Uni) 2015 and Diploma of Child Health 2018
Evelyn has worked in both rural and metropolitan hospitals in Australia in 2016 This is Evelyn's first year as a GP and she has a special interest in Paediatrics.

Professor Richard Lee Kennedy

MBChB EDIN 1980, FRACP
Lee is a Professor of Endocrinology and he is available for appointments on Fridays.

● SURGERY HOURS

Monday to Friday

8.45am – 5.30pm

Saturday

10.00am – 12noon

● AFTER HOURS & EMERGENCY

5231 5300

For urgent matters the rooms are open on Saturday Mornings from 9am to noon.

For URGENT ADVICE when the clinic is closed, call us on

5231 5300.

If you need URGENT MEDICAL ATTENTION at any time please go to the Urgent Care Centre at Colac Area Health, or call for an ambulance on 000.

● PRACTICE STAFF

Practice Manager:

Dianne Loubey – Dip.App.Sc. MAAPM

Practice Nurses:

Carol, Barb, Sarah & Ally

Office Manager:

Paula Dare

Reception Staff:

Helen, Sandra, Kay, Stephanie, Natalie & Kylie
Nicole & Bev (holiday relievers)

Electronic Admin:

Kelly

Health Assessment Nurse:

Lisa & Barb

● OTHER SERVICES AT OUR CLINIC

Otway Podiatry: Chris Williams attends Otway Clinic 4-5 times per month - Appointments are made via our reception team.

Psychological Counselling: Allan Woodward (Wednesdays) & Jay Robinson (Tuesdays & Thursdays)

Home Medicine Reviews: Andrew Clayton – Pharmacist

● BILLING ARRANGEMENTS

Our standard consultation fees are displayed in the waiting room.

We are a private practice and it is necessary to charge realistic fees for treating you. In most cases patients who hold a current Pensioner Health Entitlement Card (PHEC) and children under 16 years do not have any 'out of pocket costs' for any consultation services provided in Business Hours. There are out of pocket costs for some procedures provided to Pensioners and Children under 16.

All private fees paid on the day will receive a \$5.00 discount per service.

Our front desk team can electronically submit your receipt to Medicare immediately after payment. Please see Special Practice Notes on the back page – Register your bank details at Medicare.

● APPOINTMENTS

Consultation is by appointment

– urgent cases will be seen on the day. Please tell the receptionist that the matter is urgent.

Home visits – arranged if attendance at the rooms is impossible.

Booking a long appointment

- if you want a full check-up, an insurance medical, review of a complex health problem, counselling for emotional difficulties, or a second opinion please book a longer appointment.

● PHONE CALLS

AND ELECTRONIC COMMUNICATION

The preferred way to contact the practice is by telephone in Surgery Hours. If you wish to email, please use the link on the practice website at: www.otwaymedical.com.au

Please note - The website email is not for making individual health enquiries, nor is it monitored 24/7. If you wish to speak to a Doctor in person over the telephone please contact our reception team in Surgery Hours.

▷ Please see the Rear Cover for more practice information.

Covid update

Many have become almost punch drunk from the relentless media coverage of Covid19. This can make it hard to see any positives and that Australia has done remarkably well- notwithstanding that the response has also created difficulties for many – especially in Victoria.

Initial predictions of shortages of hospital beds and ventilators have not come to pass. Actual fatalities have been far lower than first feared. The average age of death from the virus is 82, which is the average life expectancy in Australia. The vast majority of those with Covid19 have recovered fully. Many had minimal or no symptoms.

On the plus side, influenza cases were down by 80-90% compared to usual winters and with this a big drop in fatalities from this.

As we look towards 2021 and the likelihood of having to live with the virus, we can learn from countries like France which have had far more cases than Australia but figured out ways to open up. We have learned the importance of staying home when not well and the importance of good hygiene such as hand washing and physical distancing.

Separation from loved ones has reminded us about the importance of family, friends and connection. We will appreciate more than ever family who we have not seen for months.

Times have been and remain challenging, and the end may not be obvious yet. An old Buddhist saying "this too shall pass" is apt.



Hot flushes in menopause

Menopause literally means cessation of periods. It is not a "disease" but a normal part of life, however it can be distressing.

For most women, it occurs around the age of 50 give or take a few years. Some may have early menopause (younger than 40) and menopause also starts if the ovaries are removed surgically for any reason. Symptoms range from mild to severe. They include tiredness, sleep disturbances, loss of libido, vaginal dryness, irregular periods, hot flushes and night sweats. These symptoms may persist for weeks to a few years (occasionally longer). In the years leading up to 2002, most women were treated with hormone replacement (HRT) upon reaching menopause. This changed when a major study showed that the risks of cancer and heart disease were increased with HRT, and the benefits did not justify its use.

Generally, the diagnosis can be made

on symptoms. Testing of hormone levels can be confirmatory.

Treatment is not necessarily needed and depends on symptoms. Lifestyle measures of regular exercise, adequate sleep, managing stress, not smoking and eating a sensible diet all help with a feeling of wellbeing.

Hot flushes can be helped by dressing in layers, avoiding triggers if known (alcohol, caffeine and stress are three common ones) and drinking cold water. Herbal remedies such as red clover, primrose oil and St Johns wort help some women. Low dose antidepressants and clonidine (a blood pressure medication) can be used.

Hormone replacement can be prescribed but is now recommended at lower doses and for a shorter period of time.



<https://www.thewomens.org.au/health-information/menopause-information/managing-menopause/>



Bell's Palsy

This causes weakness of the facial muscles. It can occur at any age but is rare in children.

Your smile becomes one sided, and it can be hard to close your eye or wrinkle the forehead on the affected side. It can be "full" whereby the muscles are fully paralysed or partial where limited movement remains.

The cause is unknown but thought to be due to inflammation of the facial nerve, which controls movements of facial muscles. It can be related to a viral illness.

The onset is fairly sudden. The weakness can develop over a few hours up to a day or so.

There are other causes of facial weakness, so see your doctor promptly.

Diagnosis is by examination of the facial muscles by your doctor. No specific tests are needed.

There is no specific treatment. Sometimes courses of steroids are prescribed, but they are not a cure and can have side effects. Discuss this with your doctor.

In the vast majority of cases, recovery is full within three to six months and starts within days of onset. Regaining muscle function can be helped by massage and "exercising" of the facial muscles. If you can't close your eye then protecting it with a pad is important, especially at night. The eye can dry out, so use lubricating eye drops. Generally, Bells Palsy is not painful, but simple analgesics can be used if it is.

Recurrence is possible but uncommon.



Asthma in children

It is estimated that one in five children may be diagnosed with asthma. It can range from very mild through to severe.

Some children have symptoms all year round while others only in certain circumstances (e.g. a viral illness or when exposed to irritants like dust or grass). Uncontrolled asthma can be fatal, but it can be very successfully managed and controlled with medication. Children with asthma can live a completely normal life and do not need to be restricted in their sporting or other activities.

Typical symptoms include a wheeze and cough. In more severe cases, there may be chest tightness and shortness of breath. Diagnosis is by the history of symptoms and examination of the lungs. Lung function testing is helpful but can be normal when asthma is quiescent.

Asthma is generally treated with

inhalers. Preventers are used on a regular basis to treat the underlying inflammation in the airways and the symptom relievers as needed. In severe cases, oral steroids may be used in short bursts.

The rationale of treatment is to use the lowest dose necessary to control the condition. Thus the doses used are not constant throughout the year.

For parents, the keys are recognising the pattern of your child's asthma, the usual triggers and the symptoms. As part of this, it is important to have an asthma plan (available from the National Asthma Council).

Have your child checked regularly by your GP and seek urgent medical attention if there is any worsening of the condition.



<https://www.nationalasthma.org.au/health-professionals/asthma-action-plans>



<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/asthma-in-children>

Children's Nightmares & Night terrors

We have no control over dreams. Coming from our subconscious, they can be pleasant, neutral or frightening.

On awakening, adults instantly realise they were having a dream. For young children, the lines can be blurred, and dreams can seem very real.

A night terror is a nightmare for a child. Although sound asleep, the child may roll around, cry or scream out in distress. This can start literally from one minute to the next. In turn, it is distressing for parents.

There is no known cause. Foods are not thought to play a part. In school-age children, stress or worry may be a factor but not necessarily. A virus (especially with fever) may make them more likely.

Night terrors usually last 5-15 minutes. They may occur multiple times at night and may persist for some weeks or be occasional.

There is no specific treatment. As it is just a dream, it cannot cause any harm, either physical or mental. Once awake, the child tends to forget they ever had the dream. Do not wake the child. If they do wake provide comfort and reassurance.

Having a regular night-time routine and ensuring adequate sleep can reduce the chances of night terrors. As children age, they effectively disappear. Talk to your doctor if you have concerns about any aspect of your child's sleep.



http://raisingchildren.net.au/articles/night_terrors.html



Otway

Medical Clinic

● **SPECIAL PRACTICE NOTES**
Management of your Personal Health Information. Your medical record is a confidential document. It is the policy of this practice to maintain the security of personal information at all times and to ensure that this information is only available to authorised members of staff. It is our policy to protect your privacy and to treat all your information including health, personal and financial details as private and confidential. You are welcome to take a one of our privacy brochures - "The Privacy Of Your Personal Information".

Complaints. If you are unsatisfied with any aspect of your health care at this medical practice, please see the Practice Manager. Alternatively, you may wish to write to the - Health Complaints Commissioner, Level 26, 570 Bourke Street, Melbourne.3000 or, email via the website: www.hcc.vic.gov.au or call **1300 582 113**
Identity Checks. During any contact with the practice you will be routinely asked to confirm your address, date of birth and or, telephone number as part of an identity check.

Recall System. Our practice offers a reminder/recall system for Pap Smears, Implanon and Mirena. We will send the first and second reminders by text and follow up with a letter if there has been no response. Patients without mobiles will receive a letter.

Test Results. You are welcome to telephone in business hours for your test results. You will have to provide 3 personal identifiers. The receptionist can read the Doctors instructions however, if you require more information about your result you will be invited to make an appointment with the referring Doctor. For URGENT results, a Doctor will make every effort to call you personally.

My Health Record. MHR - Our GP's can upload a shared health summary to your personally controlled MHR. A summary contains important health information like allergies, medical history, medicine details, and immunisations. Healthcare providers can then access your record from anywhere at any time when they need to, like in an accident or emergency. consultation.

Register Your Bank Details at Medicare. You can register by calling 132 011, select option 5 and ask to provide your Bank Account Details.



CHICKEN AND PRAWN PAD THAI

Ingredients

- 125g dried rice stick noodles, broken in half
- 1 tbs sunflower oil
- 200g chicken thigh fillets, cut into 2cm pieces
- 8 large green prawns, peeled, deveined
- 1 egg, lightly beaten
- 100g bean sprouts
- 1/2 bunch garlic chives (substitute chives), cut into 3cm pieces
- Chopped roasted peanuts and lime wedges, to serve

Pad Thai Sauce

- 2 tsp sunflower oil
- 2 garlic cloves, crushed
- 2 small red chillies, thinly sliced
- 1 tbs finely grated palm sugar or brown sugar
- 2 1/2 tbs tamarind puree (from Asian food shops and selected supermarkets)
- 1 tbs fish sauce
- 1 tsp light soy sauce

Recipe Preparation

1. Cook noodles according to packet instructions. Drain and rinse under cold water. Set aside.
2. For the pad Thai sauce, heat oil in a wok over medium-low heat. Add the garlic and chilli, and cook, stirring, for 1 minute or until fragrant. Add the sugar, tamarind, fish sauce, soy sauce and 2 tbs water, and cook, stirring, until sugar dissolves. Bring to a simmer and cook for 2-3 minutes or until reduced slightly. Transfer to a small heatproof bowl and set aside.
3. Wipe wok clean and add oil. Add chicken and cook, stirring occasionally, for 5-6 minutes or until golden and cooked through. Push chicken to one side of wok and add prawn to empty side. Cook, turning halfway, for 2-3 minutes or until pink and just cooked through. Push prawn to one side with chicken and add egg to empty side. Cook, stirring, for 2 minutes or until just set.
4. Add bean sprouts, garlic chives, cooked noodles and pad Thai sauce, and cook, tossing together, for 2-3 minutes or until heated through.
5. Divide between bowls and serve immediately, sprinkled with roasted peanuts and with lime wedges on side.

SUDOKU

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