

Glen Iris Medical Group

Inc. Glen Iris Travel Health

177 Burke Road
Glen Iris VIC 3146

Phone: 9509 7633 Fax: 9509 6177
After Hours: 9429 5677
www.glenirismg.com.au

Preventative Health – Family Medicine – Women’s Health – Aged Care - Travel Medicine – Sports Medicine
Shared Care – Sexual Health - Skin Checks Minor Surgery – Men’s Health – Implanon – Mental Health

Opening Hours

Monday	8.00am – 6.00pm
Tuesday	8.00am – 6.00pm
Wednesday	8.00am – 6.00pm
Thursday	8.00am – 6.00pm
Friday	8.00am – 6.00pm
Saturday	8.30am – 12.00pm

Closed Sundays & Public Holidays

Medical Staff

General Practitioners

Dr Sharon Woolf
Dr Natalie Taft
Dr Lisa Prichard
Dr Jenny Butterley
Dr Diana Rattray
Dr Martine Burger
Dr Meredith Day
Dr Jane Healy
Dr Jadwiga Kapusta
Dr Louis Cukierman
Dr Russell Bensky

Administrative Staff

Practice Manager

Nikki Jupp

Reception Team

Rose, Barb, Samantha,
Anita, Devora, Merryn
Ana, Olivia and Stephanie.

Practice Nurses

Peta and Fiona

Lyn - Asthma & Spirometry
Ryan - Diabetes educator

Consultation Fees

Standard Consultation

\$85.00 (Rebate \$36.30)

Long Consultation

\$160.00 (Rebate \$70.30)

Prolonged Consultation

\$210.00 (Rebate \$103.50)

These fees were reviewed on 2nd
December 2013.



Practice Newsletter: Winter 2014

Practice & Staff Announcements

- **Dr Jane Healy joins the partnership!** Dr Sharon Woolf, Dr Natalie Taft and Dr Lisa Prichard are pleased to advise that Dr Jane Healy has joined the partnership.
- We welcome nurses Lyn Garrick (an Asthma educator) and Ryan Semera (a Diabetes educator) who will be working with us on alternate Wednesday afternoons.
- Nurse Peta Bond will be on annual leave from 16th June to 7th July. There will be some nursing cover for childhood immunisations during Peta's absence, please ask at reception.
- Sadly we say goodbye to our wonderful part time practice nurse Betty Ryan who has left due to a new full time management role at a hospital.
- Our Practice really values your feedback in an effort to continually improve our services. Please write or speak to our Practice Manager Nikki Jupp. Our Practice analyses and acts on all patient feedback.
- Have you visited our website? Please visit at www.glenirismg.com.au. Our website provides:
 - Up to date Health News and Alerts
 - Links to internet sites recommended by the Doctors of Glen Iris Medical Group
 - FAQ and information about the practice
 - Patients can subscribe to our Newsletter and view previous Newsletters online
 - Pre-travel consultation form to download and bring to your appointment
 - New patient form to download and bring to your first appointment.

Practice Closure & Annual Leave Notices

- Our clinic will be closed on the Queen's Birthday Public Holiday, Monday 9th June 2014.
- Dr Sharon Woolf will be on annual leave from 27/05/2014 to 22/06/2014.
- Dr Jadwiga Kapusta will be on annual leave from 13/06/2014 to 20/07/2014.
- Dr Lisa Prichard will be on annual leave from 13/06/2014 to 20/07/2014.
- Dr Jenny Butterley will be on annual leave from 28/06/2014 to 08/08/2014.

Rapid Prescription/Referral Clinic

- If your usual doctor is away, we request you make a 5 minute appointment with another doctor at the practice for your repeat prescriptions and referrals rather than receiving them by request over the telephone. The out of pocket cost will be the same \$10. Please remember we require two working days notice (from when your usual GP is next in) for repeat prescriptions or referrals.

About Our Practice: Important Information for Patients



• Booking Long Appointments

- Standard appointments are booked in 15 minute intervals.
- Our practice policy allows for long consultations with our doctors. If you wish to discuss multiple issues during your consultation, please book a long appointment. This allows us to allocate enough time to address your health concerns and minimize long waiting times. If you have a list of issues to discuss, please present this to your doctor at the start of your consultation for prioritization.

• Consultation Fees

- Glen Iris Medical Group is a privately billing practice.
- We ask that all accounts be paid on the day. An accounting fee applies if not paid at the time of consultation.

• Preventative Health

- Our practice is committed to preventative health and offers 45-49 year old health checks and health assessments for patients aged 75 and over.
- We also provide diabetes and pre-diabetes education, care plans, asthma education and spirometry (lung function testing). If you would like more information about any of these services, please speak with our practice nurse.
- Our practice nurses offer 4 year old health checks in conjunction with your usual doctor. This is a government initiative and there is no cost for the consultation. To be eligible, children need to have either already had their 4 year old vaccinations, or receive them as part of the consultation. This health check requires a 45 minute appointment with our nurse at a time when your usual doctor is consulting.

• Travel Health

- Our practice provides a comprehensive travel health service including advice and all travel vaccinations.
- It is important that you book a double appointment at least six weeks before travelling. Please bring your travel itinerary to your consultation. We also ask that patients complete a "Pre-Travel Consultation Form". This can be downloaded from our website at www.glenirismg.com.au or completed at the Practice prior to your consultation.
- Travel health is very complex and encompasses advice on disease prevention such as Malaria and Dengue Fever, emergency medication for infections or traveller's diarrhoea, letters listing current medications for air travel and destination based practical travel advice to ensure health and safety.
- Patients over 50 years, and patients of younger age with a complex medical history, require an appointment for completion of travel insurance forms.
- When booking a consultation for travel health advice, please make a time when our practice nurse is also available.

• Our Prescription Policy

- Appointments are preferred for the issue of prescriptions.
- At your doctor's discretion, ongoing medication may be prescribed without a consultation if you are otherwise regularly reviewed for the condition requiring medication.
- A fee of \$10 is charged for prescriptions issued without a consultation or \$20 if you require the prescription to be faxed or posted.

• Our Referral Policy

- Appointments are preferred for the issue of referrals.
- Referrals for ongoing care or regular review with your specialist may be issued without a consultation if you are otherwise regularly reviewed by your doctor.
- Referrals from a general practitioner are valid for 12 months. You should always ensure your referral is valid prior to attending for a specialist appointment as referrals cannot be back-dated.
- A fee of \$10 is charged for referrals issued without a consultation or \$20 if you require the referral faxed or posted.

• Continuity of Care:

- Glen Iris Medical Group encourages continuity of care for our patients.
- As all our General Practitioners are part time, there will be some issues with providing continuity of care, particularly at short notice. However we train our staff to provide the option that provides the best continuity of care to patients as this is in the best interests of patient health.
- It can be beneficial to have a second doctor who knows you and is able to provide care when you are unable to see your regular doctor.
- If you have a chronic condition, it is particularly important to maintain continuity of care. Please speak to one of our receptionists about this when making your appointment.

In this Issue:

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DISCLAIMER: While every effort is taken to ensure the information contained in this newsletter is accurate and up to date, it is not exhaustive and not intended to replace the advice of your doctor. The information provided is for educational purposes only. Readers should always consult their health care professional for advice for their individual health care needs or concerns. My Doctor: Practice e-newsletters will not be liable for any loss or damage from misuse of the information provided. My Doctor: Practice e-Newsletters is not responsible for misleading information provided by subscribing medical practices. All practice information is approved at time of publication.

From the Doctor's desk...



Zostavax: The Shingles vaccine

Dr Sharon Woolf



Coordinated Communication: Optimising Patient Care

Dr Jenny Butterley

The risk of shingles in Australia has doubled between 2000 and 2010. Shingles will often cause a painful, debilitating illness with extensive skin lesions and the possibility of long term nerve damage. About 30% of people with shingles develop post herpetic neuralgia, defined as significant pain lasting more than three months after the shingles episode.

The shingles vaccine has been recommended by Australian immunization authorities since 2009, but the vaccine has rarely been available so we did not promote it until now, when it is readily available.

Zostavax is the adult varicella vaccine and is 14 times more potent than the childhood varicella or chickenpox vaccine. It is recommended for adults over the age of 60 years.

Zostavax achieves over 50% reduction in the incidence of shingles in all age groups and over a 60% reduction in post herpetic neuralgia. The vaccine is not covered by the PBS and will cost approximately \$280. Patients with a Department of Veteran's Affairs Gold Card can access the vaccine on prescription for \$6. Private health insurance rebates of around \$150 apply if your policy covers this vaccine.

Zostavax is a live vaccine so immune-suppressed patients with the following conditions will not be able to have the vaccine: leukaemia, lymphoma and other bone marrow or blood diseases and those on very high doses of cortisone.

Zostavax should not be administered within one month of the pneumonia vaccine and it is advisable to wait three years after a shingles episode before vaccination.

Make sure you ask to have any investigations/results copied in to your treating Doctors.

Historically, patients saw one general practitioner (GP) for most of their life. Now, patients may see more than one GP. Sometimes it may be convenient for patients to see one GP close to work and another close to home. Some people reside in more than one location during the year and see a different GP in each place. Whatever the reason, it is invaluable for all treating GPs and other relevant Doctors to receive copies of any results of investigations that may ensue from each consultation.

This is particularly important for follow up appointments, allowing your Doctor to be informed at the time of your consultation, and avoiding the need to search for results of investigations performed elsewhere. Enabling results to be made available to all treating GPs and other relevant Doctors can reduce unnecessary duplication of investigations and allow recurrent health issues e.g. urinary tract infections or chronic conditions such as diabetes to be consistently monitored.

Patients can play a vital role in their health management by reminding their Doctors to send copies of their investigation results and any other relevant correspondence to other Doctors involved in their care.



Shingles



Coughs & Colds: 5 Tips to avoid the Common Cold

The virus that causes the common cold is extremely contagious and can be spread easily from person to person. Colds are the most common reason for school and workplace absence and symptoms can vary in severity in different people. So how can you reduce your risk of catching a cold?

Wash your hands!

Hand washing is the single most effective way to prevent infection. Our hands come into contact with many things during the day and in public places such as shopping malls, offices and on public transport it is easy for virus particles to pass from surfaces to your hands. You should wash your hands with soap and water before and after eating and before and after using the bathroom. Small bottles of hand sanitizer can be very useful where hand washing facilities are not available.

Throw tissues away after use

The cold virus can survive in used tissues and fabrics for several hours. The virus can also contaminate surfaces where dirty tissues are left. If someone in your home has a cold, ensure used tissues are not left out. Throw them in the bin immediately after use. Wash your hands after disposing of tissues used by yourself or someone else.

Avoid touching your face

You might be surprised how often we touch our faces, nose, eyes and mouth during the day, usually subconsciously. Virus particles on surfaces pass easily to the hands and then into the mouth or nasal passages.

Don't smoke

Exposure to smoke, even passive smoke can irritate and damage the lining of the airways and make you more susceptible to infection. Amongst a plethora of other health benefits, quitting smoking reduces your risk of infection with the cold virus and reduces your risk of developing complications of the cold virus.

Keep your home and workplace clean

Virus particles can live for hours on surfaces so keep your living and working area clean using disinfectant wipes. Surfaces such as doorknobs, taps, keyboards remote controls and mobile phones are a harbor for germs especially when used by multiple people.

Current Issues in General Practice:

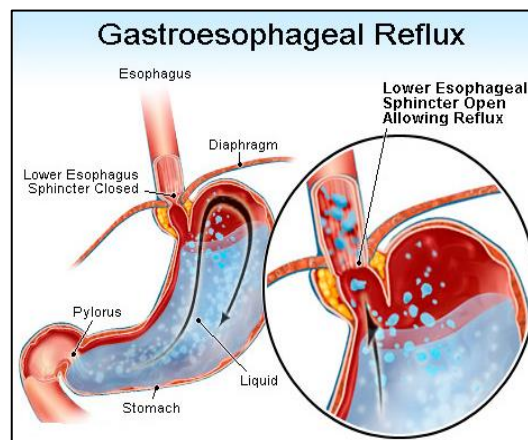
Gastro Oesophageal Reflux Disease (GORD)



Gastro-oesophageal reflux disease or GORD is a condition where the lower oesophageal sphincter muscle in the upper stomach does not function properly, leading to leakage of the stomach acids up into the oesophagus. The presence of stomach acid in the oesophagus causes a burning sensation that is very irritating to the lining of the oesophagus and up into the throat. It is often referred to as 'heartburn' or just 'reflux'.

In normal digestion, the lower oesophageal sphincter muscle closes after food or drink passes through it to prevent back flow of stomach contents and acids, however this does not always occur when a person is suffering with GORD. This malfunction may be due to a weakness in the sphincter muscle and/or the presence of a hiatus hernia. A hiatus hernia occurs when the upper part of the stomach protrudes through a small opening in the diaphragm. This weakens the sphincter muscle and makes it more difficult to close properly.

Many people suffer from GORD at some stage of life. Pregnancy and obesity are known risk factors for GORD and many common foods and drinks are known to worsen the symptoms.



Reflux trigger foods

- Citrus fruits
- Tomatoes
- Garlic and onion
- Spicy foods like chilli pepper and curry
- Peppermint
- Chocolate
- Cheese
- Nuts and avocado
- Fatty meat
- Caffeinated drinks
- Alcohol
- Carbonated drinks

Foods and drinks that are very acidic are commonly linked to reflux symptoms although different people react to different things. Some medicines such as Aspirin, Ibuprofen, Cogentin and Buscopan can also increase the occurrence of reflux in some individuals.

Reflux episode symptoms can vary from very mild, lasting only a few minutes, to very painful, lasting for hours at a time. It usually feels like a burning chest pain behind the breastbone and up into the throat. Other symptoms of GORD include regurgitation, belching (burping), voice hoarseness, sore throat, night-time coughing, painful swallowing and a constant need to clear the throat. Many people find lying down worsens the symptoms and it can make sleep very difficult.

GORD is a very treatable condition. Diet and lifestyle changes (especially weight loss) are generally sufficient for most people. Decreasing portion sizes, not eating for at least two hours before bed and sleeping with the head of the bed elevated can help lessen night time occurrences. Over the counter antacids can help neutralize stomach acids and provide temporary relief from symptoms. However, long term use of antacids can have negative side effects and you should consult your Doctor if you have to use antacids for longer than two weeks. A variety of medications can be used to treat chronic GORD symptoms which work by inhibiting acid production in the stomach.

People with severe GORD symptoms who do not respond to these treatments may require further investigation with gastroscopy or in very rare cases, surgery. If left untreated, severe GORD can cause oesophageal bleeding, ulcers, scarring or a condition called Barrett's oesophagitis which can increase a person's risk of oesophageal cancer.



Below the belt...

Urinary Incontinence

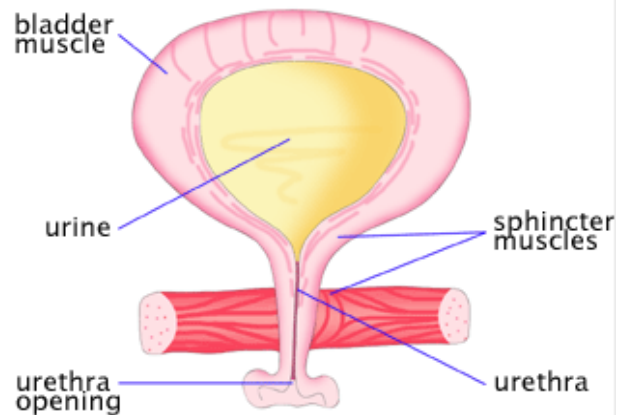
Urinary incontinence affects up to 13% of men and 37% of women in Australia yet less than a third of them seek medical advice or help. Many people are embarrassed to talk about it to their doctor, family or friends and it can greatly affect the quality of their social and personal lives. However urinary incontinence can be treated and there are many options available which can help sufferers improve their quality of life.

Urine is a waste product produced by the kidneys. Waste carried in the bloodstream is filtered out by the kidneys and collects in the bladder. A normal bladder holds approximately 350-500mL of urine although this figure can vary significantly from person to person. When the bladder is full, the stretched bladder walls send signals to the brain that we need to urinate. The sphincter muscles in the urethra and the pelvic floor relax, allowing urine to pass through and exit the body via the urethra. When the urine has been emptied, these sphincter muscles and pelvic floor muscles contract and the urine flow stops.

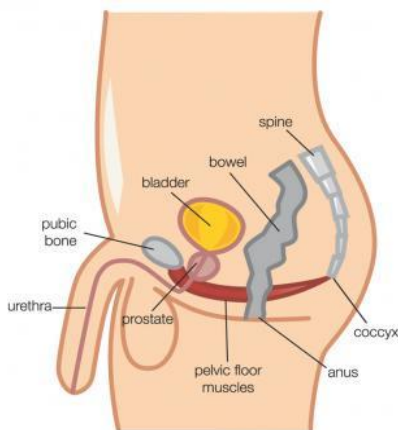
Urinary incontinence is a condition where there is reduced bladder control, leading to involuntary urine leakage. It is commonly associated with childbirth, pregnancy and menopause but it not just restricted to women, or to women who have had children. It can be very socially debilitating and affect a person's ability to enjoy every day activities.

There are four different types of urinary incontinence and some people may have a combination of types.

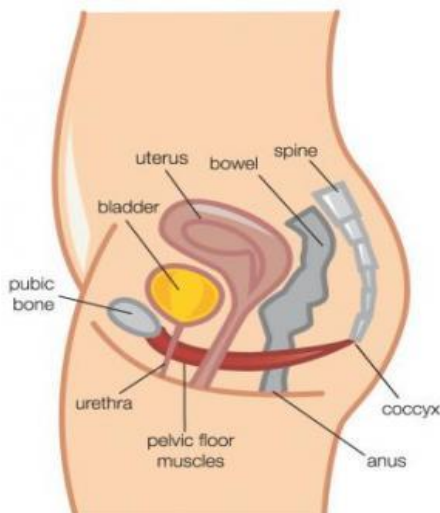
Bladder and Sphincter Muscles



Basic anatomy of the bladder



The male urinary system



The female urinary system

- **Stress incontinence:** Increased pressure in the abdomen such as when we sneeze, cough, laugh or jump, cause downward pressure on the bladder and small amounts of urine leakage. Pregnancy, childbirth, obesity and prostate surgery can weaken the pelvic floor muscles causing stress incontinence during these kinds of activities. Loss of oestrogen (e.g. during menopause) can also lessen the strength of the urethral sphincter, causing stress incontinence.
- **Urge incontinence:** Often called 'overactive bladder' it is a sudden and strong need to urinate. As the bladder fills, we get a gradual need to urinate. In urge incontinence, there is an overwhelming need to urinate when the bladder is not yet full, meaning the person often needs to urinate many times per day and may cause some leakage if you cannot get to a toilet straight away. Nerve damage, stroke, Parkinson's disease, multiple sclerosis, urinary tract infections, kidney stones, fibroids and some medications can also cause urge incontinence.
- **Overflow incontinence:** This occurs when the bladder does not empty fully during urination and small amounts of urine leak or dribble. There is often a need to urinate but they cannot go. It may occur due to a urethral blockage, prostate enlargement, uterine fibroid, bowel constipation, vaginal prolapse, diabetes, Parkinson's disease, multiple sclerosis or some medications.
- **Functional incontinence:** This occurs from the inability or unwillingness to go to the toilet. It is more common in the elderly or disabled. People with restricted or painful movement, blindness, lack of fine motor skills, lack of psychological awareness, or lack of disabled access toilets are common reasons for functional incontinence.

While very common, urinary incontinence should not be dismissed as a normal part of getting older or of having children etc. Even 'light' bladder leakage is indicative that something in the urinary system is not working as it should. If you have urinary incontinence, don't be embarrassed to speak to your doctor. There are a multitude of treatment options that your doctor can suggest depending on the severity of symptoms and the likely cause of the leakage. Some of these treatments include managing fluid intake, pelvic floor exercises, bladder training, incontinence pads and pants, medication, catheters or surgery where clinically indicated.

What is Yellow Fever?



With thousands of Australians heading to Brazil for the World Cup, doctors and authorities are urging travellers to ensure they receive Yellow fever vaccination prior to departure. But what is Yellow fever?

Yellow fever is a viral disease spread by infected mosquitoes. It is not found in Australia but is found in many countries in Africa and South America, including Brazil. There are an estimated 200,000 cases of Yellow fever globally each year, causing up to 30,000 deaths. It is difficult to diagnose and the symptoms are often mistaken for dengue fever, malaria or viral hepatitis.

Once bitten, symptoms often take three to six days to appear. These symptoms include fever, muscle pain, nausea, vomiting, headache and weakness. Some infections can be mild and symptoms resolve after three or four days. However, in about 15-25% of cases, patients will enter a second 'phase' of infection which is much more serious. High fever causes multiple body systems to malfunction. The patient becomes jaundiced and bleeding can occur from the mouth, stomach, nose or eyes. Kidney function and liver function is reduced. Up to half of people who develop this second 'phase' of Yellow fever will die.

Vaccination is the most important and effective way to prevent Yellow fever infection when travelling to countries where infected mosquitoes are present.

A single dose of vaccine is considered protective for at least ten years. When administered 30 days prior to departure, the vaccine provides 99% effective immunity. The vaccine can only be administered by an accredited Yellow fever practice, who will issue a vaccination certificate that is valid for 10 years. The certificate is considered valid 10 days after your date of vaccination. Some countries require Yellow fever vaccination certificates as a condition of entry. You may also be asked to provide a certificate upon arrival back in Australia. If you do not have one, you will receive a Yellow Fever Action Card providing you instructions on what to do if you develop Yellow fever symptoms within six days of arrival. For more information, speak to your doctor or nearest travel medicine health clinic at least 30 days prior to departure.

Vitamin C is necessary for normal growth and development. It is required for tissue repair, collagen formation, wound healing and maintenance of cartilage, bone and teeth. The body does not manufacture vitamin C and cannot store it so a continual dietary intake is required. Good food sources of vitamin C include kiwi fruit, green peppers, citrus fruits, strawberries, tomatoes, broccoli, leafy greens, potatoes, cantaloupe, mango, watermelon, cauliflower, cabbage, berries and pineapple. Symptoms of vitamin C deficiency include dry and splitting hair, gingivitis, bleeding gums, rough and dry skin, poor wound healing, nosebleeds, swollen and painful joints, decreased ability to fight infections and anaemia.

Many people think that Vitamin C can help prevent the common cold. There is no research evidence to suggest that this is true. High doses can cause diarrhoea, abdominal cramps, headaches and nausea. Adults only need 50-90mg per day and any excess amount is excreted in urine.



Vitamin C:

Why do we need it and does it help fight the common cold?

Just for Fun!

Did you know that there is at least one body part or tissue for each letter of the alphabet? Jumbled up below are 26 body parts, each starting with the letter listed. Some answers have two words. How many can you guess?

A	PNEXAPDI		N	ELNVA	
B	SEBART		O	PEGASUSHOO	
C	GALTCARIE		P	CARENPSA	
D	RIMGAPDH		Q	PRICUDEA	
E	IELDEY		R	DAUSRI	
F	RHODAEFF		S	MASCHTO	
G	BDLAGLREDA		T	UONGTE	
H	RHATE		U	LNVA	
I	SIITTNEEN		V	EEEBRTAVR	
J	UUJLRAG		W	SWTIR	
K	INYDEK		X	DXHIYPO SPOESRC	
L	VIRLE		Y	LOYLWE RAMWOR	
M	BAMDEILN		Z	TAGOZCYMI CHAR	