

FREE TO TAKE HOME!

AUGUST-SEPTEMBER 2018 EDITION



Not a dry eye ...



Febrile fits in kids



Emphysema



Managing hayfever

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 Michelle Barrett
MBBS, DRANZCOG, FRACGP
Family Medicine
Monday 2:30pm - 6:00pm
Wednesday 1:30pm - 5:00pm

Dr Patrick O'Callaghan
MBChB, BAO (NUI), FRACGP
Monday 9:00am - 4:00pm
Tuesday 9:00am - 12:00pm
Wednesday 9:00am - 3:30pm
Thursday 9:00am - 12:00pm

Dr Kate McCallum
MBBS, DRACOG, DCH
Family Medicine
Tuesday & Friday 9:30am - 5:00pm

Dr Caroline Luke
MBBS, Dip Sports Medicine, Mast Occ Medicine
Monday 1:30pm - 4:30pm
Wednesday & Friday .. 9:00am - 12:00pm

Dr Ying Chow
MChD
Dr Chow is currently on maternity leave until further notice.

Dr Matthew Lewis
MBBS (Hons), Bsc (Hons), FRACGP
Monday 8:30am - 12:00pm
Tuesday & Thursday ... 9:00am - 5:30pm

Dr Jaclyn Moss MBBS, FRACGP
Tuesday 9:00am - 3:00pm
Thursday 9:00pm - 12:00pm
Friday 9:30am - 12:45pm

Dr Stephen Martin MBBS, ANU
Monday 9:15am - 1:15pm
Tuesday 9:00am - 1:00pm
Thursday 8:30am - 5:00pm
Friday 9:00am - 5:00pm

Dr Michelle Hart MBBS, FRACGP
Monday 9:00am - 3:00pm
Wednesday 9:00am - 4:00pm
Friday 1:00pm - 4:00pm

● PRACTICE STAFF

Practice Manager: Graeme Sellar
Practice Nurses: Jane, Danielle (RN) & Ann
Reception Staff: Deb, Georgia, Brenton, Allayne & Edward, Liz & Alys

● SURGERY HOURS
Monday – Friday 8.00am – 6pm

● AFTER HOURS & EMERGENCY
For after hours care please phone:
1 300 422 567.
In case of an emergency dial **000**

● APPOINTMENTS

Home Visits. If you need your doctor to make a home visit, please call the surgery first thing in the morning.

Booking a long appointment. Long appointments are available when required. They are not to be booked routinely, please ensure if you think you need a long appointment that you book one with reception. If a standard appointment is booked and there are many issues to discuss or resolve the doctor will require you return for another appointment rather than run very late in their session. Thank you for your co-operation.

Please notify us if you are unable to attend an appointment, well in advance. If more than one person from your family wishes to see the doctor at the same time, please ensure a separate appointment is made for each family member.

● PRACTICE NEWS

Welcome to the winter edition of Health News, so far whilst we have had a couple of very cold snaps, overall the days have not been too bad. Lack of any meaningful rain is starting to have a real effect. Fingers crossed for some late winter and spring falls.

It is with great sadness that we learned of the recent passing of Dr Helen Adam. For those who didn't know Helen she was a GP here at Hughes Family Practice for over twenty years. Regarded by current principal Dr Barret as still the best diagnostician she had worked with Helen took a great interest in everyone she met. Plagued by ill health for many years she fought long and hard and was devoted to her family especially her granddaughter Zaida. A passionate Scot I spent many an hour discussing the old country, she will be sadly missed by all who knew her. A special thanks to Dr McCallum who went above and beyond in her care for Helen for many years.

We are receiving many inquiries on the My Health record. The government in their wisdom have decided that the creation of an electronic health record for each Australian accessible online will happen on an Opt out basis. This means that every Australian will have an online health record by November 2018 unless they specifically opt out. Needless to say there are many concerns about the privacy and safety of personal health information stored online. As a practice we are working hard behind the scenes to ensure we are able to upload information to the electronic health record where a patient wishes to do so. Unfortunately the practice is not funded to do this work nor are the GP's trained specifically in the actions and safeguards required. This means we have to move slowly and take great care in all dealings with the My Health Record. In the first instance for more information please go to www.myhealthrecord.gov.au or call 1800 723 471.

As you will have noticed one or two of the doctors and staff are taking a well earned break over the winter period. Please accept our apologies if your usual doctor is not available, or a friendly face at reception is missing. On the subject of staff I'm delighted to welcome Liz and Alys to our reception team. With Nicki having returned home to the USA and Ben now studying in China Liz and Alys will I'm sure prove to be valuable members of the team.

We continue to have problems with missed appointments. Despite our SMS reminder system we are experiencing more than ten missed appointments a week. As I'm sure you can appreciate this is not sustainable. We will not charge a fee the first time however there will be a charge for any subsequent ones.

This practice uses CALMS as our Medical Deputising Service, owned and operated by Canberra GP's including ours CALMS has been looking after our patients afterhours since the practice started. Call 1300 422 567 if you need to see a doctor urgently when we are closed. The service is open whenever we are closed.

As ever we value your feedback. If you have any concerns please ask for our practice manager, alternatively contact the ACT Human Rights Commission on 6205 2222.

Graeme Sellar - Practice Manager

▷ Please see the Rear Cover for more practice information.

Not a dry eye ...

The eyes need constant lubrication which is provided by the tear glands. Eyes become dry for two main reasons. Firstly, tears can evaporate too quickly. This can be on aeroplanes, in air conditioning, in dry air or smoky conditions. It is temporary and is improved by use of lubricant drops and removing yourself (where possible) from the situation. Secondly, it can be due to reduced tear production. This can be because of advancing age, various medical conditions (e.g. diabetes, lupus, Sjogren's syndrome, scleroderma), certain medications (e.g. antihistamines, antidepressants, blood pressure tablets) and tear gland damage through trauma.

Other risk factors include being female, use of contact lenses and having low vitamin A levels.

Symptoms are a burning, itching, stinging or dry feeling in the eye. The eyes may become red and sensitive to light. Blurry vision can follow.

Diagnosis is largely on symptoms and a thorough eye examination. Blood tests would be done to rule out underlying conditions. You may be referred to an ophthalmologist.

Complications include eye infections and damage to the eye surface. Fortunately these can be mostly avoided.

Treatment depends on cause. In most cases you will be recommended eye drops to keep the eyes moist. These may be used multiple times a day.

Avoiding situations where dryness would be aggravated (where practical) is important. Try staying inside on windy days or when there is smoke in the air. Wear sunglasses when



outside. Take breaks when using screens for long periods of time and position your screen below eye level so you tend to look downwards. This can reduce evaporation.

Breathless with emphysema

Emphysema is a form of chronic obstructive pulmonary disease (COPD). Inheritance plays a part, however, most cases are related to smoking or long-term exposure to dusts or pollutants which damage the air sacs in the lungs where oxygen enters the blood stream.

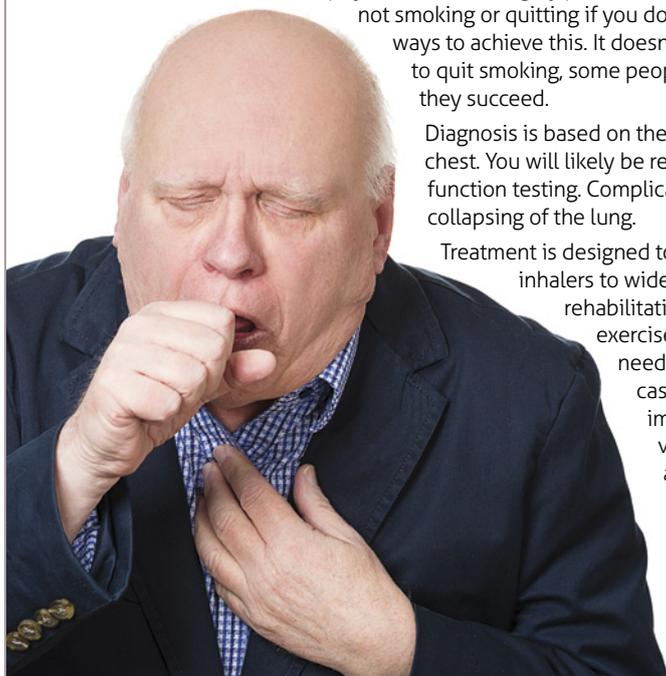
The symptoms develop slowly and include shortness of breath, fatigue, cough and phlegm and recurrent chest infections. In more advanced cases there can be cyanosis (a blue colouration) of the skin. There is no cure for emphysema but it is largely preventable, the most important one being

not smoking or quitting if you do smoke. Talk to your doctor about ways to achieve this. It doesn't matter if you have tried and failed to quit smoking, some people need multiple attempts before they succeed.

Diagnosis is based on the history and examination of the chest. You will likely be referred for chest imaging and lung-function testing. Complications include pneumonia and collapsing of the lung.

Treatment is designed to minimise symptoms. This includes inhalers to widen airways and reduce sputum, lung rehabilitation programs, quitting smoking, exercise to increase lung capacity (this needs to be gentle) and in advanced cases oxygen may be helpful. It is important to have an annual flu vaccination and to see your doctor at the first sign of any respiratory infection.

It is worth restating that while there is no cure for emphysema it can be largely prevented by not smoking. Your doctor can help you in your campaign to quit.



Weblink http://healthywa.wa.gov.au/Articles/F_1/Febrile-convulsions

Febrile fits in kids

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 experience these. While 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 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.



Managing hayfever – why, what & how

Runny or blocked noses, sneezing, congestion, watery eyes and headache are just some of the symptoms of allergic rhinitis (hayfever) which affects nearly one in five Australians. It is not necessarily caused by hay and you don't get a fever. The symptoms can range from mild to severe and can last days or months.

It is caused by a reaction to atmospheric allergens. Some people are able to identify specific triggers like grass or dust, others are not.

There are numerous treatment options. Avoiding triggers is helpful if you can identify them but, even then, it's not always practical. However, if grass sets you off, then mowing the lawns is best avoided. Don't sweep the garage if you are sensitive to dust.

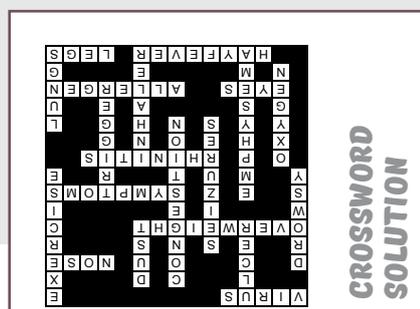
Antihistamine medications can ease the symptoms. While some can make you drowsy, others do not. Corticosteroid-based nasal sprays do not work as quickly but have a preventative effect and last longer. Talk to your doctor about treatments that might suit you.

Decongestants are best avoided as they dry the nose but wear off quickly and can even worsen the situation. If your allergy is severe, talk to your GP about referral for allergy testing.

For some people, a course of desensitising injections (where you are 'immunised' against what affects you) is beneficial. Be aware that the treatment can go on for two years but can also last a lifetime.

Fortunately for most of us, hayfever is a transient inconvenience in spring which can be treated until it passes.

Weblink <https://www.allergy.org.au/patients/allergic-rhinitis-hay-fever-and-sinusitis/allergic-rhinitis-or-hay-fever>



V is for varicose veins

Widened, often twisted, veins near the skin surface are called varicose veins. They are most common on the lower legs.

Risk factors include advancing age, being female, a positive family history, being overweight, pregnancy and prolonged sitting or standing. They will appear as blue, twisted cords on the legs.

Whilst often painless, they can cause aching and a heavy feeling in the legs. Itching and skin rash (varicose eczema) can also occur. If ruptured there can be significant bleeding. In more severe cases there can be ulceration.

However, they are not associated with deep vein thrombosis.

Treatment depends on severity. There are no specific medications, though Painkillers may ease symptoms but should not be relied on.

Previously formal surgical stripping was performed and this required some days in hospital. Surgical treatments have advanced and most commonly they are now injected to close down the vein. When varicose, the vein is no longer working effectively so it is not a problem to remove or close it. This can be done as an outpatient and recovery is quite rapid.

People seek treatment either for cosmetic reasons or due to symptoms. Talk to your doctor about what might be the best option for you.

To help avoid developing varicose veins, maintain a healthy weight, do regular exercise and change position regularly.



Weblink <https://www.healthdirect.gov.au/varicose-veins>



ZUCCHINI, FETA & MINT FRITTATA - SERVES 4

Ingredients

- Olive oil
- 2 medium zucchini - grated
- Handful of fresh mint plus some for garnish
- 1 medium onion - finely chopped
- 8 medium-large eggs
- 60gms feta - crumbled
- Cayenne pepper
- Fresh chilli to serve if desired

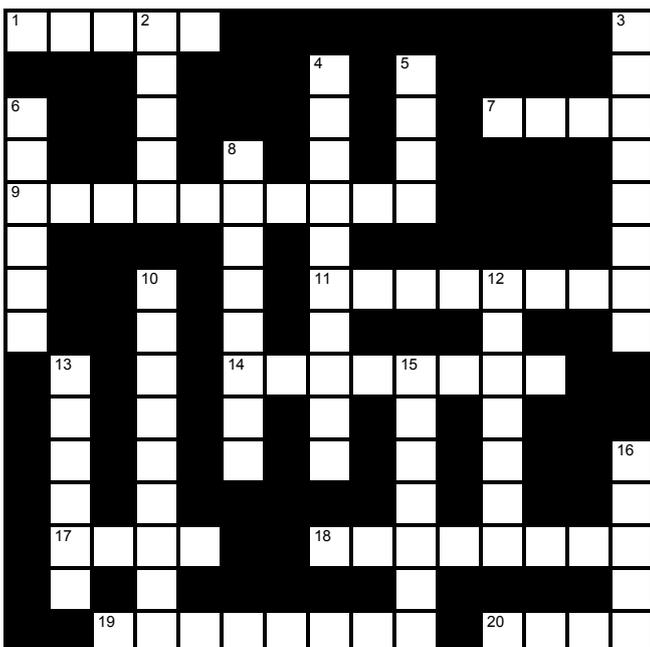
Method

Combine zucchini, mint, onion and seasoning. Heat a large frypan with a little olive oil. Cook zucchini, mint and onion until softened.

In a mixing bowl, add eggs, cayenne pepper and a little seasoning and beat. Add about 2/3 of the crumbled feta to mixture. Pour into the pan, letting the egg flow evening through the zucchini mixture. Cook for 4-5 minutes on med-high heat – until the egg begins to just set on the base. Then put under the hot grill and cook until just cooked through and golden. Garnish with the remaining crumbled feta, mint leaves and thinly sliced fresh red chilli if desired. Serve with a Greek salad or fresh garden salad



CROSSWORD



Across:

1. A is the cause of the common 'cold' (5)
 7. We smell with it (4)
 9. Obese (10)
 11.clues to an illness (8)
 14. Inflammation of the mucous membrane inside the nose (8)
 17. Used to see with (4)
 18. An allergy trigger? (8)

19. An allergic reaction to pollens (8)
 10. Varicose veins are most commonly found in the (4)

Down:

2. A slow-healing sore generally found on the legs (5)
 3. Necessary to maintain good health (8)
 4. Blocked nose (10)
 5. A common allergen (4)
 6. Sleepy (6)
 8. Febrile fits (8)
 10. Lung disease worsened by smoking (9)
 12. Stimulus that sets off an action (7)
 13. Odourless gas that gives life (6)
 15. Device used to breathe in medicine (7)
 16. Breathing organs (5)

Hughes Family Practice

● **BILLING ARRANGEMENTS**
 Please pay all fees on day of consultation. All children below the age of 5 are bulk billed.

● **SURGERY HOURS**

Monday – Friday
8.00am – 6pm

● **AFTER HOURS & EMERGENCY**

For after hours care please phone:
1 300 422 567.

● **SPECIAL PRACTICE NOTES**

Communication policy.

Our GP's cannot routinely take phone calls during consultations. A message can be left with staff and the GP may call back or arrange a staff member to book an appointment where appropriate. We don't communicate by email.

Test Results.

You will be contacted where there is an abnormal result or if your GP requests follow up. You can call the practice nurse between 12.30 and 1.00 pm for information.

Recalls and Reminders.

Our practice operates a recall and reminder system for a range of health issues and in response to test results as appropriate. Patients wishing to opt out of our recalls system should discuss this with their GP.

Patient Privacy.

The practice takes the privacy of your personal health information very seriously. If you have any questions please ask at reception for a copy of the practice privacy policy.

Repeat Scripts. You need to make an appointment for Repeat Scripts. Fees apply.

