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CLINIC STAFF

Nursing: Sinead, Karen, Roz, Halina, Anna and Anne

Reception: Ellen, Janet, Virginia, Kirsten, Sue, Julie, Michele and Lisa

Practice Manager: Maria

SURGERY HOURS AND SERVICES

Consultations are by appointment.

Monday to Thursday

8.00am-1pm 2.00pm-6.00pm

Friday

8.00am-1.00pm 2.00pm-5.00pm

Saturday

8.30am-11.30am

GP After Hours – Mount Lawley

Ph 9370 4200

Monday to Friday 7.00pm–11.00pm

Saturday 2.00pm–10.00pm

Sunday and Pub Hols 10.00am–10.00pm

For all emergencies please present to St John of God Midland Public Hospital, 1 Clayton St, Midland Ph 9462 4000.

Urgent medical problems are always seen on the same day.

For Home Visits, please telephone the surgery as early as possible after 8.15am.

For After Hours emergency medical problems Monday–Saturday, please call 9298 8555 up until 11pm for the practice duty doctor.

YOUR DOCTOR

SEPTEMBER 2021

FREE!

This month we talk about...



DIVERTICULAR DISEASE



FAMILY MEDICAL HISTORY



COLD SORE FAQs



POST-NASAL DRIP

Explaining high blood pressure

Blood pressure measurement is one of the most routine parts of any medical examination. Blood pressure is taken to help give an idea of your general health, and because levels out of the normal range can cause problems and may need treatment.

HOW IS IT MEASURED?

With every heartbeat blood is pumped around your body; blood pressure is the force or pressure of the blood in your arteries. Blood pressure is given as two numbers, which are the highest and lowest reading – for example 120/80. The higher number is the systolic blood pressure – when the heart pumps out blood. The lower number is the diastolic blood pressure – when the heart relaxes before the next beat.

Blood pressure varies all the time, so it may need to be taken several times, or over a period of time to confirm the level. Generally, high blood pressure is considered to be a systolic blood pressure greater than 140, and/or a diastolic blood pressure greater than 90. This may be lower for some people who are at high risk of cardiovascular disease.

WHY IS HIGH BLOOD PRESSURE A PROBLEM?

High blood pressure (hypertension) is linked to an increased risk of some serious diseases. It has a direct, significant impact on how likely it is to develop cardiovascular diseases like heart attacks and strokes. Over time hypertension affects the circulation, including the blood supply to essential organs. Hypertension can cause, or contribute to some underlying health conditions like hardened arteries (atherosclerosis), kidney disease, and diabetes. In turn, these health conditions can also cause or worsen high blood pressure.

HOW TO REDUCE YOUR RISK OF HYPERTENSION

Most people with hypertension have no symptoms and may feel fine, so it's important to have your blood pressure checked regularly. Your doctor might recommend medications for high blood pressure, especially when you're at high risk of hypertension-linked diseases.

One of the best things you can do to lower your risk of hypertension is to follow a healthy lifestyle. This means reducing stress, cutting out cigarettes and watching your salt and alcohol intake. A healthy diet; high in fresh vegetables and wholegrains and low in fat, alongside regular exercise and weight management, can make a huge positive difference to your blood pressure.

COMMON MYTHS

Young people don't need to worry about hypertension.

Not true! The sooner we improve our blood pressure, the lower our lifelong risk of hypertension-related diseases.

A red face means hypertension.

High blood pressure isn't something that you can see just by looking at someone – there are lots of reasons for having a red face.

Coffee causes hypertension.

Sort of true: caffeine can cause a short-term increase in blood pressure, but isn't known to have any long-term negative effects on blood pressure.

Diverticular disease – a common problem

Diverticular disease is a common health condition in countries with largely Western diets. It can cause stomach pain and bowel problems.

Diverticulosis is a condition where small pockets (diverticula) form along the bowel wall. The diverticula are prone to inflammation or infection, which is known as diverticulitis. Together, these conditions are called diverticular disease.

It isn't always clear what causes diverticular disease, but we do know that our risk of developing it increases as we age. It's also closely linked to a poor diet. People who eat more fibre are less likely to develop diverticular disease.

SYMPTOMS

Diverticula in the bowel can exist for many years without causing any problems, but sometimes they can affect bowel function, causing symptoms like:

- abdominal pain
- feeling bloated
- changes in bowel habits, like diarrhoea or constipation
- passing lots of wind (flatulence)
- blood in the stool – usually only small amounts.

If diverticular disease causes significant blood loss from the bowel, it can cause anaemia. Symptoms like bleeding from the bowel, ongoing diarrhoea, or constipation that's difficult to manage should be assessed by a doctor.

DIAGNOSING DIVERTICULAR DISEASE

Some of the symptoms of diverticular disease could also point to other conditions, so it's important to have an accurate diagnosis.

Medical assessment – this will include questions about your symptoms, general health and diet, and may include examinations like feeling the abdomen or a rectal exam.

Colonoscopy – a test to examine the lining of the bowel using a long, thin flexible tube containing a tiny video camera and light.

Barium enema – an X-ray where a special liquid is used to show up the walls of the bowel for a clearer picture.

Stool samples – these are sent to a lab to check for signs of infection or blood.

Medical imaging – such as CT scans, may be taken to look for abnormalities.

Blood tests – to look for signs of infection or inflammation, or to check whether diverticulitis is causing other problems such as anaemia.

Diverticular disease without any symptoms is sometimes discovered during investigations for other symptoms or conditions.

MANAGING DIVERTICULAR DISEASE

A healthy, high fibre diet can both prevent and help manage diverticular disease. Gradually increase your fibre intake to avoid unpleasant side effects (such as flatulence), and drink plenty of water. Exercising regularly also helps bowel function. Existing symptoms like diarrhoea or constipation may need careful management. It's important to see a doctor about any new or troublesome symptoms.



Approximately one in three Australians over 45 has diverticular disease.

WORDSEARCH

- ABDOMEN
- ALLERGIES
- ANAEMIA
- ATHEROSCLEROSIS
- BLOOD
- BOWEL
- COLONOSCOPY
- CONSTIPATION
- DIARRHOEA
- DIASTOLIC
- DISEASE
- DIVERTICULA
- DIVERTICULOSIS
- FIBRE
- FLATULENCE
- GENETIC
- HAEMOPHILIA
- HERPES
- HUNTINGTONS
- HYPERTENSION
- IMMUNOSUPPRESSANT
- KISSING
- MUCOUS
- NASAL
- PAIN
- PHLEGM
- RHINITIS
- RISK
- STRESS
- SYSTOLIC

L S U O C U M S Z T J H S I T I N I H R R S H R M H L
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 C Z E T L N U R B Y Y P H X O V V E U W M W X K W K L
 K D V Z U K O P G L O S N O T G N I T N U H K C V H P
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 W E H Y P E R T E N S I O N E V S T O N Z P M L A T B

Cold sore FAQs

Cold sores are red, blistered sores, usually on the face and most often around the mouth. They're usually caused by a virus called the herpes simplex virus, type 1 (HSV1).

HSV1 is common; around 80 percent of Australian adults test positive for it, and most are infected in early childhood.

WHY DO I GET COLD SORES?

If you have a cold sore, it means that at some point you've been in contact with someone with HSV1. It's passed on very easily from direct contact – kissing is a particular culprit.

Despite the name, cold sores have nothing to do with colds.

Once you have the virus, it lasts for life. When it's triggered it becomes active, resulting in cold sores. Some people find they appear when they're run down, unwell or stressed. Sunlight, cold or wind, viral infections like colds or flu, or hormonal changes can also trigger the virus.

In some people the virus can remain dormant, and they may never get cold sores.

CAN THEY MAKE ME FEEL ILL?

You can feel ill and sometimes have a fever when you first contract the virus. This can particularly affect young children, or those with weakened immune systems.

HOW SHOULD I TREAT A COLD SORE?

Cold sores usually clear up on their own within around two weeks, but there are some over-the-counter treatments that can help. It's a good idea to see your doctor if:

- you frequently get cold sores
- your cold sore isn't improving after two weeks, or has spread
- it looks infected – hot, red, swollen or with pus, or if you feel generally unwell.

People with lowered immune systems – such as those with HIV, or those who are having immunosuppressant treatments – should be cautious and see their doctor if they have concerns.

CAN THEY BE PREVENTED?

Cold sores don't need to be visible to pass on the virus, so it's not always possible to prevent infection. You can reduce your risk by avoiding contact when sores are visible; keeping hands clean, not sharing cups, towels, etc. You can also take steps to deal with anything that triggers the virus; and try to avoid becoming rundown by taking care of your general health.

Are you constantly sniffing or clearing your throat?

It's annoying, inconvenient and seems to linger well after a cold or allergy has gone. Post nasal drip is a common diagnosis – so what is it and what can you do about it?

Post-nasal drip is the condition when mucous (phlegm) from your nose or sinuses runs down the back of your throat. It's normal to have some mucous secretion in the nose, which we often sniff back and swallow unconsciously. It becomes more of a problem when there's more mucous than usual, or it's particularly thick.

WHAT CAUSES IT?

Post-nasal drip can be caused by anything that makes the nose produce more mucous. Particularly common causes are: rhinitis – inflammation of the lining of the nose, sinusitis – inflammation of the sinuses, and viral infections such as colds and flu.

People with allergies may be prone to post-nasal drip – hay fever, house dust mites, or pet dander are all causes of allergic rhinitis. Some people find that their nose becomes more irritated by hot and dry weather or central heating.

SYMPTOMS

Common symptoms include:

- excess mucous in your throat and needing to clear it often
- irritation at the back of your throat
- a cough
- blocked or runny nose
- a hoarse voice.

Post-nasal drip can also cause bad breath.

TREATMENT

Post-nasal drip usually clears up when the cause either passes or is treated, but there are some things you can do to help ease the symptoms.

Liquids help thin out mucus, so drinking more fluids such as water or thin soup can help. Avoid common irritants such as caffeine, alcohol, and cigarette smoke. Dry air can make symptoms worse, so a humidifier or steam may help.

Sometimes, people have chronic upper airway conditions that may need to be medically managed. See your doctor if a cause is hard to pinpoint, or your symptoms are difficult to manage.



Cauliflower and broccoli fritters

These fritters are a delicious and healthy way to serve up vegetables – great for any meal, as a side dish, or just on their own as a snack!

INGREDIENTS

- 1½ Tbsp olive oil
- 1 cup cauliflower, finely chopped
- 1 cup broccoli, finely chopped
- 3 small spring onions, finely chopped
- ½ cup self-raising flour
- 1 tsp ground coriander
- ½ teaspoon salt

3 large eggs, lightly beaten

½ cup milk

½ cup tasty cheese, grated

1 Tbsp chopped fresh parsley

Fresh herbs for decoration (parsley, chives or coriander)

INSTRUCTIONS

Heat half the oil in a large non-stick frying pan on medium heat. Fry cauliflower, broccoli, onion and coriander until vegetables are soft (4-5 minutes).

Whisk eggs, milk, flour, salt, cheese and parsley together. Add to vegetable mixture and mix together.

Heat remaining oil in a large non-stick frying pan and cook tablespoons of mixture for 2 minutes on each side until golden brown.

Serve sprinkled with any herbs of your choice (or simply use the tops of the spring onions).

Add a dollop of chutney, yoghurt or sour cream just before eating.



Should I know my family medical history?

Certain diseases can be passed directly from parent to child, and some follow complex genetic patterns of inheritance. Some other diseases don't have a clear genetic element, but can be broadly linked to a strong family history of the condition.

Knowing that you have a risk of inheriting a disease can help with early diagnosis and treatment and can sometimes help manage the overall risk of developing the disease. It can also be helpful when making decisions about family planning.

If you have a screening test that shows you are likely or almost certain to develop a serious illness, you can make plans for future management of the disease, and practical decisions, such as ensuring financial security.

WHAT COMMON DISEASES CAN BE INHERITED OR RUN IN THE FAMILY?

Diseases that can be directly inherited include:

Cystic fibrosis (CF) – the most common genetic disease in Australia, CF is a malfunction in the way our body produces

fluids – mostly affecting the lungs and digestive system. Screening for CF is one of the tests routinely performed on new born babies in Australian hospitals.

Huntington's – a life-limiting disease that affects the brain and nervous system.

Haemophilia – a condition affecting the way the blood clots.

Sometimes we talk about diseases that run in the family – they have a genetic element to their risk, but are not directly inherited. These include some forms of cancer, diabetes, and cardiovascular disease.

SHOULD I BE SCREENED BASED ON MY FAMILY HISTORY?

It's up to you whether you're screened for inherited diseases, and some people prefer not to find out.

Talking to your GP about your family history and any concerns you might have is a good start. They may recommend certain screening tests; and advise you about your risk and whether you should take any action.



Discuss your concerns with the doctor

It can be helpful to make a note of what you'd like to discuss with your doctor before your visit. After you make an appointment, take a minute to write down the doctor's name and appointment details and use this form to make a list to take with you..

DOCTOR'S NAME	DATE	TIME

1.

2.

3.

NOTES:

REPEAT SCRIPTS

Repeat prescriptions will not be issued without a prior consultation. Patients seeking repeat prescriptions must see their doctor. This is to ensure proper management.

REFERRALS

A re-referral may be requested by phone. New referrals require that the patient be seen by the doctor. Referrals cannot be back-dated. Referrals are current for 12 months, please check with your specialist to see if your referral is still current.

ETHICS

This practice abides by the AMA Code of Ethics at all times. A copy of the code is available on request.

LONG CONSULTATIONS

Long consultations are available on request for all Doctors if required. **Dr F Kotai** requires 60 mins for an Aviation medical. All Health Assessments require 30 mins. Failure to attend appointments will attract a fee of \$30.00 for a standard consultation or \$50.00 for a long consultation.

ONLINE APPOINTMENTS

Online appointments can be made any time of the day at www.gfmc.com.au click on "Make a booking".

BILLING

We are a private practice and payment is made on the day. A discount of \$5.00 is given for payment on the day. We can claim your rebate immediately from Medicare using Easyclaim onto your cheque or savings card or Online Claiming where Medicare deposits direct to your bank account within 48 hrs. Questions related to fees can be dealt with by the receptionist. If you have difficulty paying your account, please feel free to discuss this matter with your doctor.

FEEDBACK

We would like to know of any concerns you may have about the care you receive.

Please feel free to talk to the doctor or our Practice Manager. However, if you feel there is a matter you wish to take up outside, you can contact the Health and Disability Services Complaints Office (HaDSCO): GPO Box B61, Perth WA 6838. Tel: 9323 0600.

PHONE CALLS

Doctors in this practice may be contacted by phone during surgery hours. A message will be taken if the doctor is with another patient.

MISSED APPOINTMENTS

If you miss an appointment and fail to advise us at least 2 hours beforehand, you will be charged a Failure to Attend Fee. This fee applies to everyone and cannot be claimed back at Medicare.

Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff.

Disclaimer: The information provided in this newsletter is for educational purposes only, and is not intended as a substitute for sound health care advice. We are not liable for any adverse effects or consequences resulting from the use of any information, suggestions, or procedures presented. Always consult a qualified health care professional in all matters pertaining to your physical, emotional and mental health.

Our newsletter is free! Take a copy with you.