

About Our Practices

Our Practice Philosophy:

“ To provide thoughtful medical care to individuals and families by keeping up to date with medical innovations and bringing you efficient, personal service. “

Appointments

- Appointments can be made via phone or in person with one of our reception team. Standard consultations are in 15 minute intervals and long consultations are allocated 30 minutes.
- Appointments can also be made online and via your mobile phone (see instructions at bottom right corner of this page).
- We make every effort to ensure clients are seen on their preferred day and with your doctor of choice. Please bring your Medicare Card to every appointment.
- Provisions are made in our appointment system for emergency consultations.
- Specific issues such as complex medical examinations, health assessments, care plans and surgical procedures require a long appointment. If you are unsure how much time you need, please enquire with reception at the time of booking.
- Please advise your doctor at the start of your consultation if you have several matters you wish to discuss. You may be asked to book a further appointment at a later stage if you have multiple requests/problems which cannot be dealt with in one consultation.
- We understand your time is valuable and will make every effort to ensure your waiting time is kept to a minimum. Sometimes, general practice is unpredictable and urgent medical needs will be given priority.

Contacting Our Practice

- Our doctors may be contacted during normal practice opening hours. If the doctor is in consultation, a message will be taken and our receptionist will advise you when it is likely that the doctor will return your call. Emergency calls will always be put through to a doctor.
- In order that we are able to contact you, please ensure we have your correct telephone numbers and address also that the details of your nominated Next of Kin are current.

Facilities

- Our Practice has wheelchair access and facilities to cater for the disabled (including disabled parking at the front and rear of the building).
- We have a strict no smoking policy in our building and on our premises.
- Translation services can be arranged for patients who have difficulty speaking or understanding English. We have doctors fluent in English, Farsi, French and Spanish.

Results, Repeat Prescriptions & Referrals

- Your doctor will advise when results are expected to arrive at the practice. Please make an appointment to correspond with this time.
- We believe it is good medical practice to make an appointment for the issue of repeat prescriptions or referrals to specialists and allied health professionals. There may be out of pocket expenses for consultations with specialists.
- All conditions requiring regular, ongoing medication need to be reviewed and monitored to confirm the need for ongoing treatment. The amount of medication and number of prescription repeats provided is at the discretion of your doctor and in line with guidelines for responsible prescribing.

Recalls and Reminders System

- Our practice is committed to preventative care and patients will be offered 'screening medical examinations' for early detection of serious medical conditions such as diabetes, asthma, cervical cancer (via Pap smears) and other chronic medical conditions.
- From time to time, you may receive a reminder notice for preventative health services appropriate to your care. If you do not wish to be part of this service, please advise your doctor or one of our receptionists and asked to be removed from our reminder system.

Home Visits

- Where safe and reasonable, our practice doctors provide care to regular patients at home or in aged and residential care facilities. Please call as early in the day as possible if you require a home visit.

After Hours Arrangements

- Our practice provides 24/7 care to our patients. If you require attention when our practice is closed, please call 0402 647 739 and our on-call doctor will provide advice, or attend to you as necessary.
- In a medical emergency, call for an Ambulance on "000".

Your Personal Health Information & Privacy

- The provision of quality health care requires a doctor-patient relationship of trust and confidentiality.
- This Practice protects your personal health information to ensure it is only available to authorised members of staff, for intended persons and to comply with the Privacy Act.
- Our clinic adheres to the highest standards in security of storage and transmission of health records.

Complaints & Feedback

- Your feedback, both positive and negative is an invaluable communication tool and is used to improve our practice and our provision of service.
- We strive to improve for your benefit, please direct any queries or complaints to our Practice Manager.
- If you have a complaint you wish to take further you may contact:
 - Office of the Health Services Commissioner
Phone: 8601 5200 or toll free 1800 136 066

Online appointments:

- Online appointments can be made through our website: www.dsgmc.com.au

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 erroneous or misleading information provided by subscribing medical practices and all practice information is approved at time of publication.

Common Tests in General Practice: Tennis Elbow



'Tennis elbow' is the common terminology for a painful condition that affects the elbow(s). The medical name for this condition is *lateral epicondylitis*.

It is caused by inflammation or damage to the tendons that join the muscles of the forearm to the elbow. This damage is usually caused by over-use or repetitive activities involving the wrist and/or forearm muscles such as playing tennis or other racquet sports, excessive typing or use of a computer mouse, house painting, gardening and carpentry. It also commonly affects professional cooks and butchers.

It most commonly affects people aged between 30 and 55 years old but it can affect anyone.

Symptoms are usually slow to present and worsen over time. It begins as a mild discomfort that may be intermittent and gradually becomes more painful and restrictive over weeks or months. This may be isolated to one elbow (usually of the dominant hand) but may affect both elbows at the same time.

Common signs and symptoms include:

- Weak grip strength in the hand of the affected arm
- Pain or burning on the outer part of the elbow
- Pain which radiates into the forearm and wrist
- Difficulty making a fist
- Difficulty lifting or twisting objects in certain directions e.g. lifting a coffee cup or opening a door handle.

Diagnosing tennis elbow is fairly straightforward and imaging tests such as X-rays or MRIs are not usually required. However if your pain is very severe, or movement in your arm and wrist is very restricted, your Doctor may order imaging tests to ascertain the extent of the damage and rule out other possible causes.

Tennis elbow will usually resolve on its own over time without the need for specific treatments.

It is generally advised to avoid the activities which may have led to the inflammation for at least 4-6 weeks to allow the damage to heal, though this is not always realistic. The Royal Australian College of General Practice (RACGP) recommends avoiding any action that causes significant pain and avoiding lifting heavy objects with the palms down.

Ice packs and heat packs can provide good relief as can over the counter analgesics. There may be some benefit to using an anti-inflammatory topical product such as Voltaren or an oral anti-inflammatory medication, but it is not always required.

If the pain persists for longer than a few months and is interfering with your quality of life, your Doctor may refer you to a physiotherapist who can suggest some stretching exercises to alleviate pain and strengthen the muscles in the forearm. They may also suggest a brace or strap to support the injured area.

In very severe cases, your Doctor may recommend corticosteroid injections, platelet rich plasma injections (PRP) or possibly even surgery in very rare cases.

For most people (80-95% of cases) conservative management is sufficient and the condition resolves on its own within 6 months to 2 years.



Each year,
10 to 30 million
people get sick
from the flu.



Get a flu vaccine every year.

Wash your hands with soap
for at least 20 seconds



Stay at home when you're sick.

Cover coughs and sneezes.



Understanding Premenstrual Syndrome

Premenstrual syndrome or PMS is the term used to describe a wide variety of physical and emotional symptoms that women commonly experience in the days leading up to a menstrual cycle (period). They can also continue for the first few days of a period.

These symptoms can vary in intensity from cycle to cycle but tend to recur in a predictable pattern.

Emotional symptoms may include depression, tension, anxiety, sadness, irritability, anger, mood swings, insomnia, poor concentration, changes in libido, social withdrawal and food cravings.

Physical symptoms may include headaches, muscle pain, fatigue, appetite changes, fluid retention, bloating, constipation, diarrhoea, acne, clumsiness, poor coordination and breast tenderness.

While it is not fully known what causes PMS, several factors may contribute, including:

- Cyclical changes in oestrogen and progesterone
- Fluctuations in serotonin levels in the brain
- Underlying depression
- Poor physical health
- Stress levels and psychological health
- Genetic determinants
- Smoking
- High Body Mass Index (BMI)

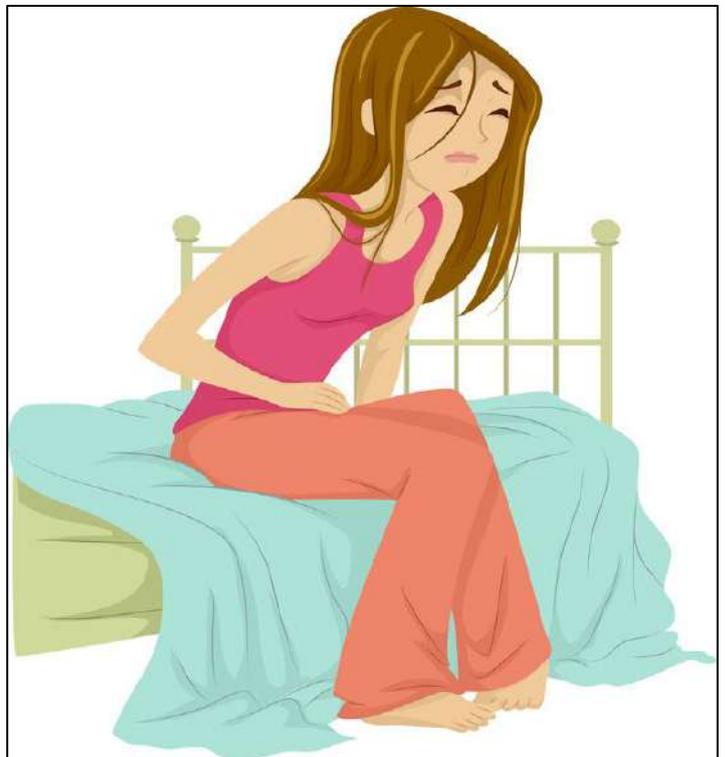
PMS symptoms affect most women to some extent. Upwards of 75% of women experience symptoms that are very mild, where around 25% experience symptoms that are more severe.

Sometimes, symptoms can affect some women in such debilitating ways that it affects their quality of life. This is known as Premenstrual Dysphoric Disorder (PMDD). It affects around 3-8% of women and can be so severe that sufferers are unable to function in their normal daily lives. PMDD usually requires a combination treatment approach with lifestyle changes, anti-depressant medication and oral contraceptives to manage hormone levels.

Symptoms of PMS usually subside once a period begins. They do not persist after a woman goes through menopause and they do not occur in women who do not ovulate.

Some helpful ways to manage this difficult time of the month include:

- *Physical activity* – Although it may be the last thing you feel like doing, exercise increases endorphins which can help you feel physically better and mentally more relaxed and in control.



- *Stress reduction* – Take time to relax and enjoy some personal time. If you struggle to control your stress, counselling that incorporates Cognitive Behavioural Therapy (CBT) or mindfulness techniques can be beneficial.
- *Eat a healthy, varied diet* – Incorporating fresh fruits, vegetables and whole grains. Salt intake should be limited to help reduce fluid intake.
- *Get plenty of rest and sleep*
- *Drink plenty of water*
- *Don't smoke or quit smoking*

There are medication options available to help manage symptoms which may be taken continuously, or in the premenstrual period only. Medication options include oral contraceptives, anti-depressants, ovulation suppressants and other products that can be prescribed by your Doctor after appropriate discussion.

There is some, limited evidence to suggest that supplements such as magnesium, Vitamin B6, chaste tree, calcium and evening primrose oil can be useful in reducing the severity of some symptoms of PMS. If you are considering any supplement, it is a good idea to discuss this with your Doctor first as many supplements can have serious interactions with other medications you may be taking.

Many women find it useful to keep a symptom 'diary', jotting down the symptoms and their severity as they occur through the pre-menstrual period. This can help you recognise patterns and perhaps plan for likely symptoms.

If you are struggling with severe symptoms of PMS, discuss your concerns with your Doctor who can make suggestions to make this time more manageable.



What is Mastitis?

Mastitis is an inflammatory condition of the breast tissue that commonly affects mothers within the first four to six months following birth.

It affects around 1 in 5 mothers in Australia and can be very painful and distressing.

Mastitis may be caused by either a blocked milk duct or a bacterial infection in the breast.

Common causes for this include:

- Damage to the nipple (e.g. cracked nipples may allow bacteria from the skin to enter the breast tissue leading to infection)
- Poor attachment to the breast (e.g. a baby with a tongue-tie may have trouble attaching to the breast properly)
- Long breaks between feedings
- Breasts that are too full (oversupply of milk)
- Stopping breastfeeding too quickly
- An overly tight bra
- Trauma to the breast

Signs and symptoms of mastitis include painful, red and swollen areas (or lumps) in the breast, tenderness of the breasts, discharge, changed nipple sensation and flu-like symptoms such as fever, body aches, lethargy, nausea and fatigue.

Removing milk from the breast is very important for the prevention and treatment of mastitis. Treatment should be started as soon as you start to feel a lump, sore spot or discomfort.

Feeding your baby is the easiest way to remove milk from the breasts. Feed more often than usual and preferably start the feed from the sore breast first.

Gentle massage and the application of heat before a feed can help with milk let-down. Application of a cool-pack after a feed can also provide some relief.

Pumping (or 'expressing') is another means of draining excess milk if you have an over-supply or if your baby does not want to feed.

If your baby is not attaching to the breast properly, see a lactation consultant or a maternal & child health nurse for advice.

You should rest as much as possible and drink plenty of water. If you do not start to feel better after trying some of these methods to clear the blocked duct you should see a Doctor as soon as possible. Your Doctor may or may not prescribe antibiotics, which are safe to use while breastfeeding.

It is very important to seek urgent medical attention if you think you have mastitis as it can lead to the formation of a breast abscess.

To help prevent mastitis there are a couple of things you can try, including:

- Avoid the use of nipple creams or ointments, which may harbour bacteria.
- Washing your hands thoroughly before a feed
- Wearing loose, comfortable clothing that does not put too much pressure on the breast tissue
- Feed frequently
- Ensure your baby is attaching properly to the breast

Telephone advice is available 24 hours a day from the Australian Breastfeeding Association helpline on 1800 686 268 if you are unable to contact your local Doctor, lactation consultant or maternal & child health nurse.

Smoking Trends & Statistics in 2019

Smoking is the number one leading cause of preventable death in Australia. Disease linked to the use of tobacco products causes around 50 deaths per day. Major tobacco-related causes of death include cancer, heart disease and chronic obstructive pulmonary disease (COPD).

Tobacco smoke contains over 7000 chemicals, at least 70 of which are known to cause cancer.

Smoking trends in Australia have improved significantly over the past few decades. The pattern of decline correlates with improved knowledge about the health impact of smoking and well-funded, media led Quit campaigns that began in the 1980's and continue to this day. Further decline since the 1990's may be attributed to increasing tobacco taxes, increased tobacco-free zoning, plain packaging and continued public health campaigns in mainstream and social media.

Year	Males %	Females %
1945	72	26
1964	58	28
1969	45	28
1974	45	30
1980	41	30
1986	34	28
1992	29	24
1998	27	25
2004	22	18
2010	19	16
2016	16	12

In 1945 72% of men and 26% of women were regular smokers. While figures for women over the years have varied, there has been an overall significant decrease in both men and women who smoke on a daily basis.

In 2016, 16% of men and 12% of women were regular smokers. This is 77% decrease in male smokers and almost 54% in female smokers.

The age group with the highest proportion of smokers is 25-34 years for men and 45-54 years for women. Smoking rates are higher among the unemployed, financially disadvantaged and those who live in regional and remote areas.

The Northern Territory has the highest rate of regular smokers at 21%, followed by Tasmania at 18.5% Queensland at 16.2%, Western Australia at 15.8%, New South Wales at 15.4%, Victoria at 14.8%, South Australia at 14.1% and the ACT at 13.1%.

There are many positive trends in tobacco use in Australia. There have been significant declines in use of tobacco by pregnant women and by children in aged 14 years and younger.

However, not all of the statistics are great.

Smoking rates in the Aboriginal and Torres Strait Islander (ATSI) community are significantly higher than the national average. In 2014-2015, almost 42% of the ATSI population were regular smokers. This is more than double the national average. This is of particular concern because ATSI people are more at risk of premature death from tobacco-related disease.

Another concerning statistic is the average age that Australians start smoking, just 16 years of age. At such a young age, not only is smoking illegal, it also begins a pattern of addiction that can last a lifetime.

Quitting smoking has almost immediate health benefits to the individual. Quitting smoking before the age of 30 can reduce your risk of lung cancer by almost 90%. At any age, quitting reduces your risk of strokes, lung problems and heart attacks.

If you are a current smoker there are a number of very successful programs that can help you quit for good. Speak to your Doctor or Pharmacist for more information or call Quitline on 137 848.

BENEFITS OF QUITTING SMOKING!

IT IS NEVER TOO LATE TO STOP



Within 8 hours
your carbon monoxide level in your blood drops to normal.

Within 3 days
your chance of having a heart attack starts to decrease and your nerve endings begin to redevelop.

After 1 year
your chance of having a heart attack is reduced by half.

After 10 years
your risk of having a heart attack or stroke is similar to someone who has never smoked.

Within days
your sense of smell and taste begin to improve, breathing is easier.

Within 3 months
cilia (the small hairs inside your lungs) have begun to re-grow. This improves your lungs' ability to clean themselves. Lung function may be increased by up to 30 per cent.

After 5-15 years
your stroke risk is reduced to that of a non-smoker.