Falcon Grove Medical Centre
Falcon Grove Shopping Centre
609 Old Coast Rd, Falcon 6210
T: 08 9534 2380 | F: 08 9534 2379
W: www.falcongrove.com.au
E: reception@falcongrove.com.au

OCTOBER - NOVEMBER 2019 EDITION

PRACTICE DOCTORS

Dr Magga Naidoo
MBBS, BSc(Hons), FRACGP
Men’s Health, Trauma
Medicine and Chronic Disease Management

Dr Soma Padminie Kain
FRACGP, DCH, MD (Medicine), MBBS, AMC
Women’s Health, Paediatrics, Geriatric Medicine, youth friendly doctor

Dr Robert J Watt
MBBS, FRACGP
Emergency Medicine, Men’s Health, Impotence/Infertility

Dr Vino Kariyakarawana
MBBS, FRACGP, MPH, DCH
Preventative Medicine, Emergency Medicine, Paediatrics

Dr Elena Kennebury
GP Registrar
Women’s Health, Sexual Health, Preventative Medicine

Dr Dinithi Siriwardhanе
GP Registrar
Paediatrics

Dr Carly Penfound
GP Registrar

Dr Kamran Malick
GP Registrar

CONSULTANT

Dr Andrew Webster
Respiratory & Sleep Physician

Dr Kyaw Thura
Consultant Physician & Endocrinologist

ALLIED HEALTH

Psychologist
Glen Menezes
Diabetic Educator

Daisy Do
Accredited Pharmacist
Daisy Do
Audiology
Australian Hearing

PRAC TICE STAFF

Practice Manager:
Chelsea Reynolds

Practice Nurses:
Amy, Charlotte & Chloe

Reception Administration:
Jess, Ann, Wesley & Tayla

SURGERY HOURS

Monday to Friday .................... 7.00am – 7.00pm
Saturdays ............................. 8.30am - 3.00pm
Sundays ................................. 8.30am - 12.30pm

AFTER HOURS & EMERGENCY

Contact Peel Health Campus......... 9531 8000
Health Direct Australia .............. 1800 022 222
Dial-A-Doctor .......................... 1300 030 030

COMPREHENSIVE GENERAL PRACTICE FOR ALL AGES

Falcon Grove Medical Centre provides comprehensive quality medical care in a relaxed friendly atmosphere. Refer to the rear cover of this newsletter for more details.

RECALLS & REMINDERS

This surgery has a computerised recall system. At times we may contact you by mail or telephone reminding you of a due service or because your Doctor wishes to see you regarding test results. Patients have the option to opt out from receiving reminder letters.

REFERRALS

The doctors in this practice are competent at handling all the common health problems. When it is necessary, they are able to draw an opinion from specialists, and if need be, refer you for further investigation. You can discuss this openly with your doctor.

BILLING ARRANGEMENTS

We bulk Bill 7 days a week.

Private charges may apply for skin checks if you do not hold a Centrelink concession card or DVA card.

Private charges may also apply for services such as drivers license medicals, insurance paperwork, work related consultations.

Standard Weekday Consults:...... Ask reception for private charges

It is a policy of this practice that private accounts are paid for at the time of your consultation. We offer Medicare Online services and your refund can be credited to your bank account by our reception staff.

APPOINTMENTS

Home Visits can be arranged with your doctor for palliative care patients and for regular patients whose condition prevents them attending the surgery. Please discuss your needs with your doctor.

This service is only available for existing patients. If you need emergency attention outside surgery hours we recommend you attend:

Peel Health Campus Emergency Dept at 110 Lakes Rd, Mandurah.

Consultation is by appointment. Urgent cases are seen on the day. Standard appointments for prescriptions should be booked a few days before medications are needed to avoid running out.

Test results are not given out over the phone unless staff are instructed to do so by the Doctor.

Please notify us if you are unable to attend an appointment.

Booking a long appointment. If you want an insurance medical, review of a complex health problem, counselling for emotional difficulties, or a second opinion about someone else’s management, you will need to make sure you book a longer appointment.

Appointments will be needed for prescriptions and referrals.

When having a blood test or x-ray it is recommended to book a follow up appointment to discuss results of these tests.

Please see the Rear Cover for more practice information.

FREE TO TAKE HOME!

Memory loss

Vaccination in children

Fibroids

Prostate enlargement

Memory loss

Dietary change

Tired

Weight loss

Memory loss

Do you have memory loss?

Take the quiz to find out more.

www.healthnews.net.au

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

YOUR NEXT APPOINTMENT:

Please write your appointment date here:

Please keep this page for later reference.

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Please see the Rear Cover for more practice information.
Vaccination in children

Over the course of the 20th century there was a steep decline in deaths from infectious disease. One of the main reasons for this has been the advent of vaccinations. In simplest terms, this involves exposing an individual to a protein (or other recognizable part) of a bacteria or virus and “tricking” the body into mounting an immune response. We know that once antibodies are produced on one exposure that we become immune to the particular bug. Thus, a vaccine allows us to develop immunity without actually contracting the illness.

Conditions like tetanus and polio are extremely rare in Australia today as a result. However, success can breed complacency and we have seen cases of disease preventable infections in unvaccinated people.

So, what is the best way to protect your child? There is a schedule of vaccinations which applies nationally. This covers a number of diseases including hepatitis B, measles, whooping cough, and certain forms of meningitis. The initial vaccination is done in hospital before discharge with the next one at six to eight weeks. At each visit your GP will advise when the next set is due.

Some children may get a fever after vaccination- talk to your doctor about this and use paracetamol or ibuprofen. Also raise any questions- sadly there is mis-information out there but your doctor has the facts.

Most states have no jab- no play policies (day care and school) so make sure your child is up to date. This is also important for certain family benefit payments.

Prostate enlargement

The prostate gland sits beneath a man’s bladder and produces semen fluid. It gets larger as men get older and some can experience side effects. Benign, (non-cancerous) enlargement or hypertrophy of the prostate (BPH) is far more common than prostate cancer and, to some degree, affects all men as they age.

It is thought testosterone (the male sex hormone) causes the enlargement over time and family history is also a risk factor.

As the prostate enlarges, it can squeeze the urethra, which can lead to difficulties urinating. Men can suffer from a poorer stream, difficulty getting flow starting and stopping, passing urine at night (or more frequently at night), and feeling a regular need to pass urine.

Diagnosis starts with history. A digital examination of the prostate through the rectum may be done. Other investigations include blood and urine test and an ultrasound. The prostate specific antigen (PSA) test gives an indication as to whether enlargement is more likely benign or cancerous. Depending on results, you may be referred to a specialist for biopsy.

Treatment depends on diagnosis. Lifestyle measures such as weight loss and managing fluid intake later in the day helps. Medications can improve flow. Some men may require surgery.


Fibroids

Benign muscle growths which form in the wall of the uterus are called fibroids or myomas. It is estimated that up to 80% of women over the age of 50 will have them but most will not have any symptoms or need treatment.

They rarely grow before puberty or after menopause. Their cause is unknown. They are classified according to what layer of the uterus wall they arise in.

Symptoms, if present, include heavy and painful periods, spotting between periods, a heaviness in the pelvis, and pain during intercourse. Larger fibroids can produce swelling in the lower abdomen.

Diagnosis is based on the history and pelvic examination and confirmed by ultrasound. Blood tests may also be performed especially in the case of heavy bleeding.

Treatment depends on symptoms. If they are mild and not troublesome, then it may be as simple as analgesia for period cramps. If iron levels are low, due to menstrual loss, then an iron supplement or infusion may be recommended. Hormones such as the contraceptive pill may be used for cycle control.

Procedures such as arterial embolisation can restrict blood supply to the fibroid, causing it to shrink.

Definitive treatment is surgery, most commonly, laparoscopic. The fibroids may be removed or in severe cases a hysterectomy may be necessary.


Alcohol & drug abuse

Alcohol is a major factor in many diseases, violence and family disruption. Illicit drugs also cause major problems but, despite headlines, on a smaller scale. Prescription drugs lead to more deaths each year than illicit drugs.

While we may have preconceptions on what an addict looks like, most people manage to camouflage their substance use/misuse and they come from all walks of life. What is usually common is substance misuse can devastate individuals and families.

Warning signs include changes in mood, appearance or behaviour, with some withdrawing from social contact, and a deterioration in work performance.

People may get recurrent nausea or headaches and they may lose weight and appear withdrawn. None is unique to substance misuse.

The most critical thing if you or someone you care for has a substance misuse problem is to seek help.

In each state there are dedicated services and support lines. Many with substance issues may also have mental health problems and this will need treatment too. Seeing your GP is the first step.

Some people may require medications and/or counselling. In some cases, admission to a rehab facility is needed.

Ignoring the problem will not make it go away. Don’t be afraid to seek help or advice.

https://au.reachout.com/tough-times/addiction
SALAD BOWL WITH SALMON – SERVES 2

**Ingredients**
- 25 g brown rice, or brown and wild rice mix
- 75 g frozen peas
- 2 small salmon fillets,
- 1 tsp sesame seeds
- 2 large handfuls young spinach leaves or mixed baby salad leaves
- ½ medium avocado, chopped
- 1 medium carrot, trimmed and coarsely grated
- 2 spring onions, trimmed and finely sliced
- 4 radishes, trimmed and sliced
- lime wedges, to serve

**Dressing**
Combine the soy sauce, sesame oil, lime juice, and honey in a small bowl and whisk well.

**Instructions**
1. Preheat the oven to 200°C/fan 180°C and line a small baking tray with foil.
2. Half fill a small saucepan with water and bring to the boil. Add the rice and cook for about 20 minutes, or until tender. Add peas and return to the boil, stirring. Drain immediately.
3. Place the salmon, skin-side down, on the prepared tray and drizzle with 2 teaspoons of the dressing. Sprinkle with the sesame seeds. Bake for 10–12 minutes, or until just cooked. (It is ready when the salmon flakes into large pieces easily when prodded with a fork.)
4. Divide the leaves, rice and beans or peas between two bowls. Add the leaves and arrange the avocado, carrot, spring onions and radishes alongside. Flake the salmon into the bowl (leaving behind the skin), drizzle with the rest of the dressing and serve with lime wedges.