



wellnews



Volume 19 Number 1

The newsletter of
Wellness on Wellington

Spring 2017

We're embarrassed at how long it has taken us to put out this edition of *wellnews*, though we are deeply gratified by the number of patients who have been asking when it would be published. For those who have been anxiously anticipating, we remind you that you can keep up to date with messages from the practice by following us on Twitter or Facebook. Many patients now do so and are the first to hear not only about practice news but also our comments on developments in the medical world, updates on health issues and our response to the often inaccurate news that the mass media puts out on health matters.

One of the changes we are introducing to the practice is to communicate with patients by text message more often, rather than by mail. Regular post is slow, expensive and often misdirected. We are therefore gradually recalling patients for followup tests, results and appointments by SMS. Please let us know if you do not want to receive communications from us that way.

Finally, we hope you take advantage of the internet wifi we have recently installed in the waiting room. We hope you enjoy the newest edition of the newsletter—and hope to resume regular publication!

Diabetes in a day

We've often referred in *wellnews* to the dangers of diabetes. The first problem is that for many years it's a silent disease. Only about half the people who have diabetes know that they have it. So if you are over 40, while you are waiting for your appointment, ask reception to provide you with the AusDRisk questionnaire and hand it to your doctor. It's a useful screening tool to see if you need further testing. You should repeat that exercise about once a year. Second—lots of people with diabetes will get complications—ranging from increased risks of heart-attack and stroke, blindness, kidney disease and other nasty effects.

Fortunately, we also know that treating diabetes early significantly reduces the risk of getting complications.

However, we also know that seeing all the people involved in diabetes care can be time consuming, and that in itself sometimes leads to people avoiding doing anything about it.

In an effort to improve diabetes management, especially in patients who've let their control slide over time, we are trialling a "diabetes in a day" clinic.

Patients will be invited to attend the clinic for a 90 minute ap-

**Four practitioners
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pointment. During that time, you will see Amanda Dolipin, our diabetes educator, one of our GPs, our podiatrist Ryan Cornwall and our dietitian Silva Nazaretian.

All those appoint-

ments will be scheduled back-to-back, to minimise waiting times and provide a great kick-start to getting your diabetes back under control. We then encourage you to see your usual doctor for regular 3-monthly review visits.

Feedback from patients who have already taken part in one of these clinics has been very positive and we've seen a significant health improvement in some of them.

Whilst even a comprehensive appointment like the "diabetes in a day" clinic doesn't cover everything forever, we hope it will help you make a committed start to lifelong management.

**Wellness on Wellington
1101 Wellington Rd, Rowville
9780 8900 - all hours, every day.
www.wellonwell.com.au**

We are open every day of the year:

Monday - Friday	8.00 am - 9.00 pm
Saturday - Sunday	9.00 am - 5.00 pm
Public Holidays	9.00 am - 1.00 pm
(Christmas & New Year Day 10.00 am -12.00 noon)	

For patients of this practice with urgent problems after hours, a doctor from the clinic can be contacted by calling the surgery and following the instructions on the answering machine.

Save a life—

your own or your family's!

Update your home phone, work phone, mobile phone and address at reception!
Please also update the contact details for your Emergency Contact.

Aches and medication pains

Once again....

One of the most important drug advances in medicine in the past 40 years has been the introduction of statins—a group of medications used to lower cholesterol and which make any cholesterol that has already deposited in your arteries more stable so it's less likely to block the artery up.

There is no doubt that statins have saved tens of thousands of lives by reducing the risk of heart attacks and strokes.

Statins are also remarkable because they are relatively risk and side effect free. There are some studies that suggest patients on statins have an increased risk of developing diabetes but this is far from proven—and in any event, just about

Nearly all patients can resume and tolerate this important family of life-saving drugs

the first thing we do for someone with diabetes is put them on a statin as it has been shown to save lives in diabetics even if they do not have raised cholesterol!

The commonest side-effect that people do complain about when on a statin is that they develop muscle aches and pains. Sometimes these aches only occur with exercise; at other times they are present all day long. In many cases, the pains gradually get better after a few weeks, but a small number of patients complain that the pains persist and can be quite debilitating.

Recent research has shown that in most cases the pains are actually not caused by the statin, and even if it is, the symptoms can usually be managed by careful management. Usually the pains will go away when the statin is stopped. We can then reintroduce the same drug (or another drug in the statin family) at a lower dose and sometimes even give it every second day for a while just so you have a chance to get used to it. In this way, nearly all patients can resume and tolerate this important family of drugs.

It is important that you only change your use of the medication in consultation with your doctor. Often blood tests are needed to work out whether the pain is coming from the statin or not, and to identify the very, very small number of patients who have a genuinely severe reaction to the medication. If you have any concerns about your medication, please always make an appointment to see your GP.

Regular readers of this newsletter will know how much we love talking about the latest advice on testing and treating prostate cancer, because we are amused at how often the recommendations change.

So we were very pleased to see the results of the latest significant study into how best to treat early prostate cancer—which is to do nothing at all.

This research was conducted over a thirty year period which is incredibly long for a research study. For the first twenty years the researchers identified men who developed localised prostate cancer (that is, cancer which was in the early stages and had not yet spread anywhere or grown significantly) and randomly put them into two groups—either early surgery, or just observation with regular tests to see what happens.

Thirty years after the study began, they analysed the outcomes. The average observation period for patients was nearly thirteen years so they got a good indication of long term results.



Of the men who had surgery, 61% had died by the time the research was finished, whilst 67% of the men in the observation group had died. That is not a large difference. More importantly, when they analysed which men died of the prostate cancer (not just with prostate cancer) the difference was even smaller—just 7% of the surgery group and only 11% of the observation group.

This confirms our long held belief that most men with prostate cancer will die of other conditions and not the cancer itself.

However the surgery group did need less followup surgery than the observation group, though most of that was for progression which didn't cause any symptoms.

Meanwhile the group that underwent surgery had greater issues than the observation group with side effects like incontinence, sexual dysfunction and erection issues.

Instinctively anyone with a diagnosis of cancer wants it cut out and gone as soon as possible. But with prostate cancer, it may well be worthwhile just waiting and seeing whether there is any need to do so.

Ask the expert—can I fly with a bump?

We are delighted that we have been joined by **Dr Jaclyn Wloszczowski**, who has written the following article in response to the question “Can I travel while I am pregnant?”

As an obstetrician, this is one of the most common questions I get asked by patients and their partners. Generally, if your pregnancy is uncomplicated you are most welcome to travel, including by plane.

Most commercial airlines allow travel up to your 40th week if there is only one baby on board and until 36 weeks if you are carrying twins (or more), provided the flight is less than four hours long. The rules for longer flights are a bit stricter, allowing travel up to 36 weeks with a single foetus and 32 weeks with a multiple pregnancy. If your flight is scheduled to depart after you are 28 weeks, you will require a certificate of clearance, which can be provided by

your GP, midwife or obstetrician.

It is important to be aware that the risk of Deep Vein Thrombosis (DVTs) from travel is higher in pregnancy and soon afterwards, so you should take precautions on your journey. Whether in a car or a plane, make sure you walk around regularly, stay hydrated by drinking water, avoid alcohol (which most pregnant women already do) and consider using anti-embolism (TED) compression stockings, which are available from pharmacies.

When you travel, be sure you take some form of pregnancy record with you, and contact details of your treating doctor, midwife or hospital back home. Talk to your GP about whether vaccinations are required for your area of proposed travel, and whether they are safe to administer in pregnancy. Purchase travel insurance which covers not only yourself, but also your baby, should it be born early,

whilst away, and allows for cancellations if you develop a complication with your pregnancy that means you can no longer safely travel.

Be familiar with the medical services at your destination, as well as clean drinking water and food safety. Also, avoid all non-essential travel to Zika prone areas whilst pregnant or within 6 months of trying to conceive.

You can find out about Zika outbreaks and special precautions on the CDC's website (www.cdc.gov/zika).

Lots more helpful pregnancy information is at embracewomenshealth.com.au.

Above all, make sure you discuss your plans with your health care provider, as this information is general in nature and not specific to your unique circumstances, which may change from day to day.



Family Secrets

Lots of interesting things happen in general practice. Divorcing couples come in and tell us wildly different versions of how their marriage is breaking down and who is to blame. Adult children worry about how their aged parents are coping, whilst the same elderly parents complain their kids want to toss them into a nursing home. Teenage girls come in nervously asking about confidentiality and requesting their first script for the contraceptive pill without their parents finding out—weeks

after their mother has been in telling us they know their daughter needs birth control and wondering how to arrange it. But recently we had a new family first in the practice. A patient came in for a vasectomy—20 years after we did the same operation on his father. In this case there were no secrets as each told the other, but we were delighted that we have helped this family through several generations of family planning in all senses of the word.

All the things we do

We have many things to be proud of at Wellness on Wellington. We are the oldest clinic to service Rowville and Lysterfield; were the first clinic in the area to be accredited; the only clinic to have the convenience of an in-house pharmacy. Our doctors have won awards for excellence in teaching both medical students and junior doctors. Our clinic has grown as a result of word of mouth—patients come because of recommendations from friends and neighbours; and doctors come to work here because of our reputation for excellent standards, teamwork, systems, facilities and staff.

To the best of our knowledge, we have the widest range of allied health and specialist medical services of any clinic in Victoria. That means that nearly all your health care can be provided in one location and also means that all the members of the team looking after you are able to easily communicate. We often say that more good medicine is achieved in a 30-second corridor

consultation than in a 2-page letter, and we certainly find that being able to ask a specialist for advice face-to-face, or discuss the complexities of a patient's problems with an allied health practitioner means that we can achieve the best outcomes more quickly, cheaply and efficiently.

General practice is currently at a crossroad. On the one hand, there is increasing demand for acute medical services to be provided in the community rather than clogging up emergency departments. Fortunately we are able to deal with the

vast majority of cuts, bruises, burns, broken bones, fevers, headaches, backaches, infections and other acute conditions in either our consulting rooms or in our exceptionally well staffed and equipped treatment room. In most cases we are quicker, cheaper and much more convenient than a visit to an emergency department.

On the other hand the burden of chronic disease is rapidly escalating as the community in general (and Rowville in particular) is ageing. It is noteworthy that whilst Rowville has five primary schools which were all bursting at the seams a few years ago, it now has three or four nursing homes being planned or under construction. Properly managing diabetes, high blood pressure, lung and kidney disease, arthritis and mental health issues—often all in the same patient—is a job for an entire team of practitioners. We are delighted that we can provide nearly all those services in a coordinated, expert and caring fashion.

Managing both acute and chronic illness is a tremendous challenge for general practice, in terms of appointment systems, staff training, mindset and facilities. But it is a challenge that we relish as we strive to provide excellence in all aspects of health care.

Which is why we are so pleased that the AMA's motto for this year's family doctor week (July 23-29) is "Your Family Doctor: All About You". It is a motto which encapsulates why we have both the centre and the name that we do. Whatever your age and stage of life and health, and whatever your individual and family health care needs, we are able to provide the personalised care that you require. "All about you" means not only focussing on your needs, but surrounding you with the team that can provide you with the best care possible. We trust that we can live up to the challenge.

Why you should be a follower

One of the reasons that we write our own newsletter rather than buy an off-the-shelf product that is mass produced is that we like to tailor the information to the topics and issues that we feel are most relevant to our patients.

However the newsletter comes out, at most, four times a year and that means that often the information is out of date—particularly when there are urgent medical messages that we'd like you to know about.

We have several ways of communicating with patients and we'd encourage you to take advantage of them. We often now post medical updates on Twitter and on Facebook. We've found this a very handy way of getting interesting and sometimes urgent information out to patients.

For example, in the past few months there have been several cases of medications being recalled by the manufacturers due to production errors. It isn't possible for us to contact everyone in our practice who has received a script for, say, Valium (especially when the recall only applies to a single batch) but we were able to send out the information using our social media channels within an hour or two of learning about the recall.

Similarly, we can let you know about the dates of our in-house flu immunisation clinics so that you can book in timely fashion.

In the last few months, we have covered updated on medical topics as diverse as the future of pap smears, the latest research on testosterone supplements for older men and why circumcision is medically becoming more acceptable.

Most importantly, social media is a great way for us to keep you informed about the practice gossip

Most importantly (for many patients), social media is a great way for us to keep you informed about the practice gossip—which doctors are joining us, who has had a baby and who recently got engaged. You could wait till the newsletter is printed and just read

the gossip page, but why wait for such critical information? Just follow us on Facebook (wellness-on-wellington) or Twitter (@wellonwell) to stay informed. Our website also provides updates of some information so feel free to check in there as well as use the website or app to make appointments online which is usually much quicker than having to phone.

Wellness Whispers

NEW STAFF

Welcome back to **Dr Harishan Thamarajah** who was a registrar with us in 2015 and has returned to continue his career with us long term. Since he was last with us he has added the Fellowship of the RACGP to his CV and a son, Aryan, to his family.

Belatedly we welcome **Dr Stephanie Giles** who began her 12 month time with us in February. Stephanie graduated from Monash University in 2013 and trained at Monash Health and The Royal Children's Hospital. She has a strong interest in paediatrics and has completed the Diploma in Child Health. She also has interests in dermatology, travel medicine and women's health.

Steph is a keen netballer, hiker and traveller and loves learning new languages, experiencing new cultures and meeting new people.

Because our newsletter is so late, we must both welcome and farewell **Dr Sarah Bothe** who started in February and finished her term in August.

Sarah completed her medical degree in 2010 and spent five years working at Monash Health. She loves the variety of general practice the opportunity to get to know her patients and is always up for a chat (especially about the football).

Sarah is a mad Tigers supporter but a lover of all sports. She spends her spare time with her partner—to whom she became engaged during her time here—cooking up a storm and helping run a small catering company.

Sarah will be deeply missed by the many patients (and staff) on whom she made such a wonderful impression during her time here, but we are delighted to advise that she is returning long-term to Wellness on Wellington next February.

We also welcome our new registrars—**Dr Billy Stoupas** and **Dr Sean Runacres**, who began their terms with us in August.

Dr Vasilios Stoupas (also known as Dr Billy) graduated from Deakin University in 2013. Knowing he always wanted to be a GP, he spent 3 years at Eastern Health where he completed a Diploma in Child Health, spent 6 months in Obstetrics and Gynaecology and completed a Diploma in Palliative medicine. In his spare time Billy can be out cycling on the road, mountain biking, fishing out on the bay or going for a nice brunch with his fiancée.

Dr Sean Runacres is a late starter to medicine after a long career as an ambulance paramedic and a multitude of jobs prior including corporate finance within the banking sector. For the last few years he has been hospital based, predominantly working in women's health, which he loves, and dabbling in

emergency medicine. He has also worked in aviation medicine both undertaking international medical retrievals and certifying patients and air crew as fit to fly.

He is married, his wife works as a palliative care physician, and is very proud of his two young children. His hobbies include watching the All Blacks, photography, flying aeroplanes and working on his vintage car. Funnily enough, he doesn't have a lot of spare time!

Our administration team has also been strengthened by **Wendy Conroy** who comes to us from a small practice in Clayton. She has worked in general practice for 15 years. In her spare time she enjoys camping, fishing, music and spending quality family time with her daughter.

We are also delighted to be expanding the range of specialist medical services that we offer at the clinic. Most recently we have been joined by four new specialists.

Dr Melanie Freeman is a cardiologist who deals with blood pressure, cholesterol, chest pain and heart failure, with a particular interest in cardiac angiography and stenting.

Dr Jaclyn Wloszcowski is an obstetrician and gynaecologist who provides care to women throughout their lives and has a particular interest in pelvic pain and keyhole surgery. Jaclyn also has experience with low risk, high risk and multiple pregnancies.

Dr Andrew Teichtahl is a rheumatologist and a senior staff specialist at the Alfred Hospital. He has expertise in inflammatory diseases, mechanical musculoskeletal health, as well as connective tissue disorders.

Mr Daniel Robin is an orthopaedic surgeon who specialises in knee and hip problems, especially sports related and degenerative conditions as well as hip dysplasia and patellar stabilisation in the young and adult population.

We welcome all these new team-members and look forward to their contribution to your care.

CONGRATULATIONS

Congratulations to **Dr Timothy Tai** on the birth of son Angus on Christmas Day, to **Dr Mihiri Weerasooriya** on baby Katelyn born on May 1st and to nurse **Michelle Johnson** on the birth of baby Tahlee, born on February 25th. All parents, babies and siblings are doing well.

Congratulations to receptionist **Zoe Reiseger** on her engagement to Matt with the wedding planned for late 2018.

The information in this newsletter is general in nature and cannot be relied upon in any particular case. Serious conditions may appear minor and vice-versa. We therefore advise that if you have any concern about your health, you should consult your doctor at the earliest opportunity.