



wellnews



Volume 20 Number 1

The newsletter of
Wellness on Wellington

Autumn 2018

The saddest thing about being a teaching practice where we train junior doctors who are preparing for a career in General Practice, is that they leave us after six or twelve months. The best thing about it, is that so many of them come back and join us long term. For all the news on which doctors are leaving and coming, please read the ever-popular gossip page.

This issue of *wellnews* is full of information about changes. We are changing the way we communicate with patients about follow-up appointments. We are changing the way we help patients with a common, minor and frustrating problem. We are changing the way we treat people with a less common, nasty and potentially fatal illness. We are changing the way we screen women for a common, preventable cancer. And we are changing the immunisation schedule to include lots more free vaccines for high risk groups.

What never changes is our dedication to personal, high quality care. We recently underwent our triennial accreditation visit and were chuffed when two highly experienced surveyors both commented that ours was one of the best clinics they had ever seen. We hope you feel that way too!

Timely texts

Our aim at Wellness on Wellington is to provide timely and caring medicine. That involves not just treating people for the illnesses that they bring to us, but also encouraging preventative medicine as much as possible.

With that in mind, we send patients reminder letters that they are due for health checks like pap smears (but see the article on page 3 for an update!), diabetes tests and skin checks.

We also do our best to follow up on patients who have abnormal test results, though we emphasise that the responsibility for checking on your test results lies with you. (We can't let you know that a result was abnormal if we

never received the result from the lab.) Only your checking what the result said will be the prompt for us to chase the laboratory if the test went missing.

For many years we have been sending reminders and follow-ups to patients by mail. But with the increasing prevalence of mobile phones in all age groups and the increasing cost of postage, we've recently started sending reminders by SMS/text message.

Currently we are asking patients individually for permission to send reminders by text message, which may be for an individual reminder or a blanket instruction for all future recalls. If you haven't been asked, and would

prefer texts to letters, please ask reception or your doctor to note that on your file.

Up till now, we've not had a single patient prefer letters to SMS reminders but if you would prefer a letter, please don't hesitate to ask.

Over the next year or so, we expect that SMS will become our default method and patients who prefer letters will need to specifically ask for that to happen.

Please note that SMS reminders means patients must keep us up to date with their mobile phone numbers should they ever change.

Also note that because of the limited number of characters in an SMS, the information in the text may sometimes be brief. You can of course always call for clarification—communication is the point of the message! And even within text messages we will try to be discrete and maintain privacy over sensitive issues.

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.

Grab it while it's free

A whole lot of vaccines against serious and even life-threatening conditions are now available without charge as part of the state and national immunisation programs. But some are only free for a limited time.

For teenagers—the meningococcus vaccine against strains ACWY is now part of the standard immunisation schedule in Year 10 (or age 15 to 16) but this program will expire at the end of 2018.

For patients aged 70-79 the Zostavax vaccine which reduces the risk of shingles is available until October 2021.

Both these programs might receive further funding after their closing dates, but that is not certain so we suggest taking them up now.

For men who have sex with men (MSM), whether gay or bisexual, there are free vaccines available for Hepatitis A until December 31st, 2018. This immunisation requires two injections about six months apart so we recommend starting the course as soon as possible.

Vaccinate against these potentially fatal illnesses, and if the vaccines can be provided for free—so much the better!

virus or HPV) can get three shots of Gardasil during 2018. Again it is best to start the course as soon as possible.

Finally, all MSM can get the hepatitis B vaccine (a three shot course) for free. There is no time limit on this program but if you are eligible it makes sense to start as soon as possible.

Another program will provide free Hepatitis A vaccination for anyone who has injected themselves with drugs in the past 12 months. This program expires at the end of 2018. However anyone who uses intravenous drugs is eligible for the Hepatitis B vaccines as part of an ongoing program to decrease the risk of infection.

We strongly encourage everyone to be vaccinated against these very nasty, potentially fatal illnesses, and if the vaccines can be provided for free—so much the better!

Please note that while the vaccines are free, a consultation charge may apply depending on time of day of appointment. Please ask reception when you make your booking.

MSM can also get a free shot of the meningococcus ACWY vaccine during 2018.

MSM aged under 26 who have not previously been immunised against wart virus (Human papilloma

of Gardasil during 2018.

Wax on, wax off

General practice can be a funny profession. Sometimes the simplest things we do trigger the greatest gratitude from patients. One of those procedures is removing ear wax.

Ear wax is quite normal—it is how the ear cleans itself of dirt and germs. Soft wet wax is produced at the inside end of the canal and little hairs gradually carry it to the outside end. As it moves down the canal it picks up grime and dust to keep the ear clean and healthy. Exposure to the air makes the wax progressively dry out but the outer ear hairs are designed to carry this drier wax.

Problems arise when we try and clean the ear out ourselves. Poking cotton buds, keys, paperclips or fingers

into our earholes just pushes the drier wax back down the canal where the hairs are designed for the softer wax. The result can be a wax build-up or impaction which causes an uncomfortable fullness and reduced hearing.

In some people wax build up occurs due to their hearing aids, or just because they produce a lot of wax.

Traditionally the way GPs have cleaned out ear canals is by syringing. The problem is that doesn't allow us to see what we are doing at the time. Ear specialists have long recommended that we remove the wax under direct vision but the equipment has been prohibitively expensive for most GP clinics.

Recently, Wellness on Wellington purchased an operating microscope and microsuction unit. Basically this is a giant microscope and a very gentle vacuum cleaner! This advanced device allows us to see the wax while we are removing it, which reduces the risk of complications like infection, dizziness, deafness and facial paralysis—all very rare but nasty possible complications of syringing ears.

If you have ear wax causing problems and would like it removed, it is best to ring and advise reception what the appointment is for, so that they can ensure the right amount of time and equipment is available. It is also important to use ear-softening drops (available at the pharmacy) for as long as possible—ideally a week, but at least 4 days—before we attempt to clear the ear using microsuction (but two or three days is ideal if we are using the syringe).

A giant microscope and a very gentle vacuum cleaner

Second best is still pretty good

What the textbooks say is the best thing to do, and what works for individual people doesn't always align.

A good example is breast feeding infants. There is a big difference between saying "Breast is best" - undoubtedly it is—and saying "Bottle feeding mothers are harming their children" which simply isn't true.

There are lots of reasons that women may bottle feed their children. For some women there are problems with milk supply or difficulties having the baby attach properly to the breast. Other mothers struggle with the physical demands of feeding. And for some women, the demands of work, other children or the complexities of their lives means that bottle feeding simply works better for them.

The Australian Medical Association (AMA) has recently put out a new posi-

tion paper on infant feeding which we largely endorse. They emphasise that "While breastfeeding is the optimal feeding choice, it may not be the best choice for all families".

Bottle feeding is safe and in the majority of cases, formula-fed babies are just as healthy as breast-fed infants. Formula-feeding parents therefore need good information on how much and how often to feed their infants as well as how to safely prepare formula and bottles.

Your GP can help in several ways. First, if you are having issues with breast feeding and would like to continue, a physical examination can sometimes detect conditions like thrush, vasospasm and mastitis. All these conditions are treatable and may make feeding much easier.

For women who are having supply

problems and feel they are not producing enough milk (and often that isn't the case—it's just harder to tell while breast feeding how much is being taken) there are medications to increase supply.

We would also encourage women who are having problems to see a lactation consultant (we can recommend some excellent ones in the area) and speak to their Maternal and Child health nurse.

For women who do choose to formula-feed, we are happy to discuss the merits of different preparations and help with any concerns about what is suitable.

Formula feeding is really common. While 96% of mothers start off by breastfeeding, by four months 60% of babies are having some formula and 85% by age six months. Those babies and their parents deserve our support too.

Warning, warning!

Australia has a very safe system for approving, manufacturing and producing pharmaceuticals and medical devices. The Therapeutic Goods Administration (TGA) is a world class body. But like all systems, sometimes things do go wrong and products need to be recalled and replaced.

For example, in November last year there was a problem with Picoprep—a laxative used in severe constipation and to prepare for colonoscopies. Just three days later there was a national recall of the blood pressure medication perindopril—

but only of one particular brand. In both cases, it was important to cease using the products immediately and return them to the pharmacy for exchange to a safer product.

How do you find out about these recalls as early as possible? Well, it is possible to check the TGA website daily. But a simpler method is to simply follow us on Facebook or Twitter. We send out alerts as soon as we are notified of any serious drug recalls and will keep you up to date with important news about medications and medical products.

A post-Pap world

You may have heard that from December 1st 2017 the cervical cancer screening program has changed.

The main changes to be aware of are:

- The two yearly Pap smear test for women aged 18 to 69 is now a five yearly test for women aged **25 to 74**.
- Women will be due for their first test under the new system two years from their last Pap smear test. So there is no need to rush in for the new test!
- The Pap smear will be replaced with the more accurate Cervical Screening Test which detects human papillomavirus (HPV or wart virus) infection. Nearly all cases of cervical cancer begin with HPV so if you don't have the virus—you are in the clear (till your next test is due).
- As before, women of **any age** who have symptoms such as unusual bleeding, discharge and pain should see their GP immediately.
- Women who have been immunised against HPV (3 shots of Gardasil) still require cervical screening, as the vaccine does not protect against all the types of HPV that cause cervical cancer.

Here are answers to some common questions about the change:

What is the new test called?

This is probably the hardest question! The correct name is Human Papilloma Virus Liquid Based Cytology, or HPV-LBC. That doesn't roll off the tongue like Pap smear! Perhaps just the cervical smear test would be best though people will probably (incorrectly) call it the Pap smear for now until a new name enters popular use.

Why and how is cervical screening changing?

Cervical screening is now a test every five years for women aged 25 to 74

Based on new evidence and advances in technology, the new program should improve early detection and save more lives. The new test detects HPV (as opposed to the current test which looks for abnormal cell changes). The procedure for the test is the same as for having a Pap smear and the sample will be sent to the pathology laboratory for examination.

Why will the screening age change to starting at 25 years of age?

Evidence shows that cervical cancer in young women is rare (in both HPV vaccinated and unvaccinated women) and despite screening women younger than 25 years of age for

over 20 years, there has been no change to the rates of cervical cancer or rates of death from cervical cancer in this age group. The HPV vaccination has already been shown to reduce cervical abnormalities among women younger than 25 years of age and, in contrast to screening, is ultimately expected to reduce cervical cancer in this age group.

Do I still need to screen if I have received the HPV vaccine?

Yes, as the HPV vaccine does not protect against all types of HPV infection that are known to cause cervical cancer. Further information can also be found at www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-screening-1

When the time comes for your next cervical cancer test, we run special "pap smear" clinics on a Saturday afternoon every one to two months, which many women find very convenient. These clinics are bulk-billed but are only for cervical cancer screening. No other issues can be dealt with during those sessions. If you have any further questions with regards to the new cervical screening program please chat to your GP at your next appointment.

Curing alphabet soup

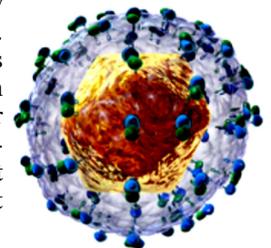
Hepatitis means inflammation of the liver, and there are many causes. You probably have heard of infective hepatitis which refers to the alphabet soup of viruses that can cause the disease—Hepatitis A, B, C and so on (the list actually goes up to G, and possibly H!). Hepatitis can also be the result of too much alcohol, some medications and chemicals, auto-immune diseases and a host of other causes.

Currently there is a lot of interest in viral hepatitis, and in particular Hepatitis C. This disease is reasonably common but as yet there is no vaccine to prevent it—unlike Hepatitis A and B. Hepatitis C is transmitted in blood and is most commonly found in intravenous drug-users (IVDU) but can be found in other patient groups as well.

Everyone who has ever used intravenous drugs, even once, should be tested for Hepatitis C. A cure is now available.

Hepatitis C can be a nasty disease. Often the initial infection is mild, so people don't even realise they are infected. (In fact some estimates are that 75% of regular IVDUs carry the virus). But about 80% of people who get infected will become chronic carriers of the virus. Apart from putting other people at risk of infection, chronic carriers of Hepatitis C often develop cirrhosis (severe scarring of the liver) and liver cancer.

Until recently there was nothing we could do to treat patients with Hepatitis C. But recently several new drugs have been released in Australia and are now available without specialist referral. We strongly urge everyone who has ever used intravenous drugs—even once—to ask their GP to be tested for Hepatitis C. Early treatment can completely cure the disease and prevent the potentially fatal complications that the illness causes.



Wellness Whispers

Apart from the calendar year that starts in January and the financial year that starts in July, there is also the medical training year which starts in February. We therefore must farewell our 2017 registrars **Dr Billy Stoupas**, **Sean Runacres** and **Stephanie Giles** who have completed their terms with us and are moving on respectively to honeymoons and further jobs in General Practice and hospitals. We look forward to hearing how their careers progress. We are however delighted that a former registrar will be rejoining us. **Dr Sarah Bothe** was our exceptional registrar in early 2017 and now rejoins us long term, having completed all the requirements of her training. She writes "I am really excited to be returning to Wellness on Wellington in 2018. I have missed the staff and patients and am looking forward to seeing many familiar smiling faces again. I have spent my time away completing my GP specialty training (yay) and hanging out with our new super cute puppy: Butter." We also welcome two new registrars who will be joining us for six month terms.

Dr Peter Yee graduated from The University of Melbourne in 2012. He has worked in hospitals including Eastern Health, St Vincent's Hospital, The Austin and Monash Health, spending time in a widespread range of specialities with a particular focus on surgery. He has also previously dabbled in optometry and research.

Peter enjoys the diverse and unpredictable nature of general practice, and has a particular interest in minor surgery and preventative health.

Peter's interest outside life in medicine include cycling, starting random do-it-yourself projects (causing endless frustration to his wife), and eating burgers.

Dr Jennifer Bui completed her medical degree in 2014 and spent three years training in tertiary and regional hospitals in Brisbane and Victoria. During her time in hospital, she gained experience in a wide range of rotations including psychiatry, obstetrics and gynaecology, emergency and rehabilitation to prepare for work in general practice. She has a special interest in paediatrics and women's health, and completed a Diploma of Child Health in 2017.

Outside of medicine, Jenny likes to relax over good food, keep fit and spend time exploring the outdoors. She is greatly looking forward to joining

the team at Wellness in 2018.

We also welcome our new receptionist **Debbie Zurunic**. Debbie has worked at a small GP practice for fourteen years and one year in a specialist practice in South Carolina in the USA. She has lived on three continents but Australia is home. Outside work she enjoys gardening, tennis and walking on the beach.

Over summer, receptionist **Blair Raatjes** returned to us for a few weeks during a break from her studies in psychology in Queensland. We are very happy that when she completes her course in April, she will be rejoining our team.

We also welcome **Lana Milosev** to our nursing team. Lana joins us from a background in aged care, acute care and rehabilitation nursing. She has two children and enjoys walking with them on the beach, hiking and taking them on adventures. She is always keen to expand her knowledge.

We were very excited to farewell **Zoe Reiserger** our receptionist

who finished her time at the front desk in November, because she has now joined us in the treatment room having graduated as a nurse late last year. We are delighted that she is continuing to care for patients at WoW.

We have also been joined by **Dr Vincent Siaw** who is a geriatrician specialising in all aspects of care for complicated, elderly patients, particularly if they need medical assessment before and after surgery.

Finally, we will be increasing our podiatry services with the addition of **Mr Brennan Jenkins**. Brennan has worked for many years in both hospitals and private clinics and has mixed working with studying at numerous courses to broaden his skill set. He has a special interest in complex and chronic foot and ankle conditions and injuries.

SILVER ANNIVERSARY

January 4th was a special day for **Dr David Ringelblum**. It marked exactly 25 years since he started work at Wellness on Wellington in its original location and incarnation as Parkridge Medical Centre. David comments that the babies he looked after then are now seeing him with their own babies, which is one of the most joyous aspects of general practice. Perhaps the word for that should be "granddoctor"? In any event—congratulations and we hope for many more years of patient care.

"Granddoctor"—the word for looking after the babies of patients whom you saw when they were babies.

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.